

# Application form Council Tax Band Disabled Band Reduction

<b>Name of person making application</b>	
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<b>Name of Disabled Resident</b> (if different from above)	
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<b>Reference Number</b>	
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<b>Address</b>	
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<b>Start date for reduction</b>	
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1) **Please give a brief description of the disability:**

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2) **Please indicate which of the following is applicable:**

**A room other than a bathroom, kitchen or lavatory which is predominantly used by, and is required for meeting the needs of, the disabled person**

**A bathroom or a kitchen which is not the only bathroom or kitchen within the dwelling, and which is required for meeting the needs of the disabled person**

**Sufficient floor space is required to permit the use of a wheelchair required for meeting the needs of the disabled person, and that the disabled person needs to use the wheelchair within the living accommodation**

3)

<b>Please supply a daytime telephone number</b>	
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4)

<p><b>Declaration:</b></p> <p>I declare that the information stated above is true to the best of my knowledge. I understand that I must contact the Revenues Section within 21 days if my circumstances change.</p> <p><b>Signed</b>.....<b>Full Name</b>.....</p> <p><b>Date</b>.....</p>
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