

**APPLICATION FOR COUNCIL TAX REDUCTION
DUE TO DISABILITY**

To be completed by the Council Taxpayer

Our Ref:
Telephone: 01452 396396
Email: revenues@gloucester.gov.uk
Website www.gloucester.gov.uk
Date:

Thank you for your recent enquiry concerning the Council Tax and the reduction, which is available for the disabled.

If you, or someone, who lives with you, is disabled and, has the main use of a room, or has a second bathroom or kitchen, or requires extra space in the dwelling because of the need to use a wheelchair, you may be entitled to a reduced Council Tax Bill. You can get this help in addition to other reductions or benefits.

If you think you might qualify, please complete the details overleaf and return the form as soon as possible to the address above.

If you need help to complete the form, please ring the Council Tax Advice Line 01452 396396.

APPLICATION FOR REDUCTION IN COUNCIL TAX FOR PEOPLE WITH A DISABILITY

Please complete and return this form to the address below

Address of Property:.....

1. Name of disabled person:

(The disabled person must be living in the dwelling)

2. Qualifying Conditions

**Is there provided in the dwelling one or more of the following:
(which are either essential or of major importance to the Disabled Person, for his or her well-being)**

- (a) a room which is predominantly used by and is required for meeting the needs of the disabled person (but not a lavatory, kitchen or bathroom)? YES / NO
- (b) a second bathroom or kitchen required for meeting the needs of the disabled person? YES / NO
- (c) space for a wheelchair to be used indoors by the disabled person? YES / NO

3. Declaration:

I declare that the information given is correct. I do not object to the council making any necessary enquiries to check this information. If there are any changes in the future to the information I have given, I must notify Gloucester City Council of any changes in circumstance within 21 days, failure to report a change may result in a penalty and possibly lead to prosecution.

Signature:

Print Full Name:

Email address:

Phone Number:

Date:

(You do not have to tell us your telephone number, but doing so will help us to contact you quickly in case we need any more information)

The information you have provided on this form will be used for Gloucester City Council to process your council tax. Please sign the declaration above and return the completed form to Gloucester Revenues & Benefits, PO Box 2017, Pershore WR10 9BJ

IMPORTANT: Always ask for identification card if someone visits your home

Definition of Disabled Person:-

A disabled person is defined under The Council Tax (Reductions for Disabilities) Regulations 1992 as “a person who is substantially and permanently disabled whether by illness, injury, congenital deformity or otherwise”.