

HARTLEPOOL BOROUGH COUNCIL

Revenues Section, Civic Centre, Hartlepool, TS24 8AY. Tel (01429) 284277



APPLICATION FOR A REDUCTION IN COUNCIL TAX FOR PEOPLE WITH DISABILITIES

Please read the explanatory notes overleaf and then complete questions in block capitals.

1. FULL NAME OF APPLICANT

(Note; only people who are liable to pay the Council Tax can apply for the reduction)

2. ADDRESS OF PROPERTY

(to which the application relates)

3. DISABLED PERSON

(a) Name (if different from that given above) _____

(b) Relationship to applicant _____

(c) Nature of disability _____

(d) Date disabled person first lived in the property _____

4. GROUNDS FOR APPLICATION

Is there, in the above property:

(i) a room which is predominantly used by and required for meeting the needs of a disabled person? (Please provide details overleaf) YES/NO

(ii) a second bathroom or kitchen which is required for meeting the needs of a disabled person? YES/NO

(iii) a wheelchair used indoors? YES/NO

5. DECLARATION

I declare that the information given on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of applicant _____ Date _____

Telephone number _____

E-mail address _____

NOTES

1 For the purpose of this reduction, a disabled person is a person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).

2 If a person with a disability needs additional space for a wheelchair to be used indoors, or an extra room to meet special needs, the council tax bill may be reduced to that of a property in the band immediately below the band shown on the valuation list. Band A properties may receive a reduction which will mean they pay 5/9ths of the Band D charge.

3 In assessing this application, the council will need to be satisfied:

- (a) that there is a disabled person resident who needs either space for a wheelchair to be used inside the home, or an additional kitchen, bathroom or other room; and
- (b) that this space or room is essential or of major importance to the well-being of the disabled resident because of the nature and extent of his/her disability.

4 In order to consider your application the Council will need a note from a doctor, or other qualified professional such as an occupational therapist or social worker, confirming that the space or room is essential or of major importance to the well-being of the disabled resident because of the nature and extent of his/her disability. I may contact you again with a request for such a note in due course. Any costs incurred in obtaining such a note must be met by the applicant.

5 If you have any query regarding your application please contact the Revenues Section at the Civic Centre, Hartlepool, telephoning 284277 or by email revenues@hartlepool.gov.uk

6 When completed, this form should be returned to the address shown above.

ROOMS

If you have applied because you have a room which is predominantly used (whether for providing therapy or otherwise) by and required for meeting the needs of a disabled person, please give details in the space below.
