



North Warwickshire Borough Council

The Council House, South Street, Atherstone

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www.northwarks.gov.uk

Enquiries to: Council Tax Dept.
Direct Dial: (01827) 719357

Table with 2 columns: Field Name, Value. Rows: Date of issue, Account Ref, Property Ref.

APPLICATION FOR REDUCTION FOR PERSON WITH DISABILITIES

This form is to be completed and returned by the person responsible for payment of the council tax (the liable person). Please ensure that all appropriate parts of the application are completed and any supporting evidence is submitted e.g photos, proof of disability etc. Failure to do so may result in your application being declined.

PART 1: Please provide the following information regarding the disabled person:

Name: []

Property Address: []

PART 2: Please provide the following information:

Is there a room in the property which is not a bathroom, kitchen or lavatory which is predominantly used by, and required for, meeting the needs of the disabled person. If yes, please give details below of the room and it's use. Yes [] No []

[]

Is there an additional bathroom or kitchen in the property which is not the main bathroom or kitchen and which is predominantly used by and required to meet the needs of the disabled person. Please note the bathroom must be fitted with either a shower or a bath to meet the requirements of this reduction. Yes [] No []

Is a wheelchair used indoors by the disabled person and is there sufficient space for the wheelchair to be used inside the property. Yes [] No []

PART 3: Please confirm the date you wish the discount to apply from.

PART 4 : Certification -To be provided by a Doctor or another suitably qualified professional (such as an occupational therapist or social worker)

I declare that in my opinionis a permanently disabled person and that the special feature(s) indicated in Part 2 is/are of major importance to him/her by reason of the nature and extent of the disability.

Signed: Name (BLOCK CAPITALS):

Occupation: Date:

Employer:

Employers Address:
.....
.....

Employers Tel No:

It will help to speed up the Council's decision on the application if the applicant is able to get the above certificate signed by a doctor or other suitably qualified professional, saying that, in their opinion, the applicant or a member of his household is disabled, and that because of his/her disability he/she needs the special feature which relief has been claimed for. If for any reason you are unable to get the above certificate signed easily, do not delay your application if you think you are eligible. The Council will be prepared to consider it in any case, though there may be a need to seek further information or evidence in support of your claim. You will be notified of the council's decision in due course.

I declare that the information given above is correct to the best of my knowledge and belief.

Signed: Name (BLOCK CAPITALS):

Tel: Date:

E-mail:

IMPORTANT: You must notify the Council Tax Department if the above circumstances change.

If you fail to do so, you may be subject to a penalty of £70.