



Executive Director of Finance
Martin Booth
BA CPFA MBA

If Visiting:-
45 John Street
Glasgow
G1 1JE

Postal Address:-
Financial Services
PO Box 36
Glasgow G1 1JE

Office Opening Hours:-
Monday to Friday 9.00am - 5.00pm

COUNCIL TAX - DISABLED PERSON'S REDUCTION

The council tax bill may be reduced where a property is the sole or main residence of a substantially and permanently disabled adult or child. The property must have extra facilities, or space, which are essential or of major importance to the disabled persons well being by the nature and extent of his disability.

Note: - in accordance with council tax legislation, applications in respect of properties valued as Council Tax Band A cannot be considered for the period 1.4.93 to 31.3.2000.

SECTION A. To qualify for a reduction in the amount of council tax payable, you must satisfy all of the following requirements:

- 1) This application must be completed by a liable person (the householder) or by someone on his or her behalf.
- 2) A member of the household must be a disabled person. **(Section C)**
- 3) Facilities within the property must be used by and meet the needs of the disabled person. The property must be the disabled person's sole or main residence **(Section D)**. Documentary Evidence to support your claim may be required. Examples of these are as follows:

For An Additional Bathroom / Kitchen: A letter from your landlord confirming when this work was carried out / completed or if you are the owner a letter from the contractor who carried out the work.

For a room predominantly used by the Disabled Person: A letter from a Carer / Social Worker or Occupational Therapist confirming reason for this room.

We aim to respond to enquiries within 20 days. Please allow us this time to update our records

Visit our Council Tax website to make an online payment, manage your account or check your balance: www.glasgow.gov.uk/ct

You must tell us of any changes that may affect your Council Tax bill. Help us keep your bill right by telling us straight away.

Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax

Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

**Address Of Exempt Property-
(Include Flat Position).**

**Council Tax
Reference Number.**

SECTION B. Information relative to the applicant. Please tick the appropriate box.

Are you: The Owner Occupier

The Tenant

If you are the tenant, please confirm the name, address and contact telephone number of your landlord.

NAME OF LANDLORD: _____

ADDRESS OF LANDLORD

CONTACT TELEPHONE NUMBER OF LANDLORD : _____

SECTION C. Information relative to the disabled person

Name of the disabled person: _____

Date of Birth of the disabled person: ___/___/___

Brief description of the disability: _____

The disability has existed since: ___/___/___

Date you wish to claim Disabled Person's reduction from: ___/___/___

SECTION D. One or more of the following facilities must exist within the property to meet the needs of the disabled person. Please tick the facility or facilities that apply.

FACILITY

1. A second bathroom (including a bath or shower) which is required and predominantly used by the disabled person

2. A second kitchen which is required and predominantly used by the disabled person

3. Sufficient floor space to permit the use of a wheelchair which the disabled person requires to use indoors

4. A room which is not a bathroom, kitchen or lavatory and is used by and required to meet the needs of the disabled person

If you have ticked option 4 above please provide a brief description of how this room is used to meet the needs of the disabled person

Date facility has existed from: ___/___/___

Please note the property may be subject to an inspection to verify Disabled Persons Reduction entitlement

SECTION E. Must be completed by disabled persons doctor (please tick either 1a or 1b AND either 2a or 2b whatever is appropriate)

1a The information detailed in SECTION C is an accurate description of the disability suffered by the disabled person mentioned overleaf

OR

1b The information detailed in SECTION C is not an accurate description of the disability suffered by the disabled person mentioned overleaf

2a In my opinion the facilities listed in SECTION D are required to meet the needs of the disabled person, taking account of the nature and extent of the disability

OR

2b In my opinion the facilities listed in SECTION D are not required to meet the needs of the disabled person, taking account of the nature and extent of the disability

DOCTORSSTAMP

DOCTORS NAME (PLEASE PRINT): _____

DOCTORS SIGNATURE: _____

DATE: ___/___/___

SURGERY ADDRESS: _____

APPLICANTS DECLARATION

"I declare that the information given on this application form is correct and I undertake to notify you immediately if the disabled person ceases to reside in the house."

SIGNATURE: _____

DATE : ___/___/___

Please supply your contact telephone number: _____

NOTE

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non payers of Council tax and to improve uptake of Benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.