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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 current 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)**
Facilities within the property must be used by and meet the needs of the disabled person.
3. The property must be the disabled person's sole or main residence **(Section D)**. Documentary Evidence to support your claim will 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.

Please note that payment should not be withheld pending any application or decision.

**Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax
Please visit www.glasgow.gov.uk/ct to make appointments for our service.**

Check your Council Tax balance and manage your online account at www.glasgow.gov.uk/ct
Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

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

Address of Exempt Property
(include any Flat Position) _____

Council Tax
Reference number _____

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	Required to meet disabled person's needs?
1. A second bathroom (including a bath or shower) which is required and predominantly used by the disabled person	<input type="checkbox"/>
2. A second kitchen which is required and predominantly used by the disabled person	<input type="checkbox"/>
3. Sufficient floor space to permit the use of a wheelchair which the disabled person requires to use indoors	<input type="checkbox"/>
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	<input type="checkbox"/>

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 person's doctor (please tick both 1 AND 2 as appropriate)

1 The information detailed in SECTION C is an accurate description of the disability suffered by the disabled person mentioned overleaf	<input type="checkbox"/>
And	
2 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	<input type="checkbox"/>

Doctor's Stamp:

DOCTOR'S NAME (PRINT) _____

DOCTOR'S SIGNATURE _____

DATE / /

SURGERY ADDRESS _____

APPLICANT'S 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 _____