

Director of Financial and Business Services Morag Johnston Website:- www.glasgow.gov.uk/ct

Payment Line Number:- 0141-287-0300

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

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 <u>www.glasgow.gov.uk/ct</u> 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.

(includ	e any Flat Position)			-
Counci Referer	il Tax nce number		_	
Are Yo	u: The Owner/Occu	ıpier	The Tenant]
lf you ai landlorc		onfirm the name, address an	d contact telephone number of y	our
Name of	f Landlord _		-	
Address	of Landlord		_	
Contact	Telephone Number of La	andlord		
SECTIO	ON C. Information relati	ive to the disabled person		
Name c	of the disabled person:			
Date of I	Birth of the disabled pers	son:		
Brief des	scription of the disability:			
The disa	ability has existed since:			
Date you	u wish to claim Disabled	Person's reduction from:/	/	
		e following facilities must ex son. Please tick the facility o	xist within the property to meet or facilities that apply.	
		Facility	Required to meet operson's needs?	disablec
1.	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.	3. Sufficient floor space to permit the use of a wheelchair which the disabled person requires to use indoors			
4.	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			
	ave ticked option 4 above f the disabled person-	e please provide a brief descri	ption of how this room is used to me	et the

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 <u>AND</u> 2 as appropriate)

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

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 _____