



**Executive Director of Financial Services**  
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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](http://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](http://www.glasgow.gov.uk/ct)  
Log on to [www.glasgow.gov.uk/privacy](http://www.glasgow.gov.uk/privacy) to find out how we will use your information



**SECTION E. Must be completed by disabled person's doctor (please tick both 1 AND 2 as appropriate)**

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