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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.

SECTION B. Information relative to the applicant. Please tick the approximation relative to the applicant.	opriate box.
Address of Exempt Property (include any Flat Position)	
Council Tax Reference number	
Are You: The Owner/Occupier The	e Tenant
If you are the tenant, please confirm the name, address and contact tele landlord.	ephone number of your
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:II	
SECTION D. One or more of the following facilities must exist within the the needs of the disabled person. Please tick the facility or facilities th	
Facility	Required to meet disabled person's needs?
 A second bathroom (including a bath or shower) which is required and predominantly used by the disabled person 	
A second kitchen which is required and predominantly used by the disabled person	
 Sufficient floor space to permit the use of a wheelchair which the disabled person requires to use indoors 	
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 the needs of the disabled person-	nis room is used to meet the
Date facility has existed from: <i>I</i>	

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 $\underline{\text{AND}}$ 2 as appropriate)

	on detailed in SECTION C is an accurate ability suffered by the disabled person mentioned	
And		
2 In my opinio	on the facilities listed in SECTION D are required the disabled person, taking account of the nature ability	
Doctor's Stamp:		
DOCTOR'S NAME (PRINT)		
DOCTOR'S SIGNATURE		
DATE		
SURGERY ADDRESS		
	ven on this application form is correct and I underton ceases to reside in the house."	take to notify you
Signature		
Date <i>II</i>		
Please supply your contact telep	phone number	_