



## Council Tax - Disabled Person's Reduction Application

Address of Property to which this application relates:	
Name of Council Tax Payer:	
Council Tax Account Number:	

This application must be completed by the Council Tax payer for the property to which it relates.

To be eligible for a Council Tax reduction under this application, the following conditions must be satisfied.

The resident for which the application is made must be substantially or permanently disabled whether by illness, injury, congenital deformity or otherwise.

References in question 4a, b and c to "meeting the needs of the disabled person" mean it must be essential or of major importance to their wellbeing having regard to the nature and extent of their disability.

**Please note that** some adaptations or uses on their own may not provide grounds for a disabled person's reduction. These include but are not limited to the following:

- Stannah stair lifts
- Additional rails inside or outside the property
- Using a Zimmer Frame indoors
- Possession of a disabled parking permit

Please provide evidence to support your application by way of the following:

- Copy of the planning permission, schedule of works, invoices etc for any adaptations made to your home to meet the needs of the disabled resident
- A supporting letter from either a doctor, social worker or other professional, indicating for the person concerned, the nature of their disability and confirming that they are substantially and permanently disabled.

To help us determine your entitlement to a reduction under this application, please could you respond to the following questions:-

1) Please tell us the name of the disabled person that is resident in your home

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2) Is the property address to which the application relates the disabled person's only home? (Please tick as appropriate)

Yes

No

If yes, please go to question 4, otherwise continue to question 3

3) Please give the main home address for the disabled person below:

4) Please tell us the grounds for which you are applying for this reduction, by ticking the relevant boxes below

(a) There is a room in the property (other than a bathroom, kitchen or lavatory) which is mainly used for providing therapy or otherwise by, and required for meeting the needs of the disabled person.

Yes

No

(b) There is an additional bathroom or kitchen in the property that is required for meeting the needs of the disabled person.

Yes

No

(c) There is sufficient floor space to permit the use of a wheelchair that has to be used in the home by the disabled person for meeting their needs.

Yes

No

5a) If you are making this application under ground 4a above, please state the type of room that is used for the purpose of providing therapy or otherwise (e.g. bedroom, etc) and how it is used to meet the disabled person's needs.

5b) If you are making this application under grounds 4b or 4c above, please state how the property has been adapted to meet the needs of the disabled person. .

6) Please indicate by ticking the relevant box below whether the adaptations identified in question 5b above, were specifically made to meet the needs of the disabled person.

Yes

No

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7) Please tell us the date that the adaptations to the property were made

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8) If you are making this application under ground 4a above, please describe how this facility meets the disabled person's needs

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Please note:-

- making an application for a disabled person's reduction is not grounds for non-payment of Council Tax. Payment must continue to be made in accordance with any bill already issued until you receive confirmation that your application has been approved.
- a reduction may not be granted retrospectively, except in exceptional circumstances
- if documentary evidence is not provided with your completed form, your request will not be processed until this is received.

### DECLARATION

By signing this form I declare the following:

The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted.

If a disabled person's reduction is no longer applicable, I will notify the council within 21 days of this occurring.

This authority is required by law to protect the public funds it administers. We may share information you provide with other bodies responsible for auditing, or administering public funds, or where undertaking a public function, in order to prevent and detect fraud. We may also share information you provide to a Specified Anti-Fraud Organisation (SAFO) for the purposes of preventing and detecting fraud. For further details on this please visit [www.harrow.gov.uk/privacy](http://www.harrow.gov.uk/privacy) and select Corporate Anti-Fraud Team.

Signature:	
Date:	
Full name:	

We will need to inspect the property before deciding if the reduction is applicable and will need to contact you to make an appointment. Please supply a daytime telephone number and email address so we can do this.

Email address:	
Telephone number:	
Contact address:	
Relationship to disabled person:	

To submit your application you will need to:

1. Scan the completed form and relevant documents using either a scanner or taking a picture of it using your mobile phone.
2. Send the scanned/pictured image to your computer eg by email or text
3. Answer all the questions and then attach the image at [www.harrow.gov.uk/evidenceform](http://www.harrow.gov.uk/evidenceform)

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**Address** Harrow Council, Council Tax, PO Box 731, Harrow, HA3 3RG

**Web** [www.harrow.gov.uk](http://www.harrow.gov.uk)