

## Department of Customer Services

### Council Tax

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INVESTOR IN PEOPLE



FS36519

## Application for Disabled Reduction

I understand that you, or one or more members of your household, are disabled and that you wish to apply for a reduction in the Council Tax band applicable to your property for this reason. You will find a form to make your application enclosed with this letter.

### You should note the following points:

- The application should be made by the person who is liable to pay the Council Tax
- The disabled person must be a permanent resident at the address for which the reduction is claimed
- The disabled person must suffer from a physical disability, or a combined physical and mental disability
- This disability must be permanent
- The person need not be a registered disabled person, and does not have to be in receipt of any benefits or allowances
- This reduction is available for: -
  - an extra bathroom or kitchen
  - a room which the disabled person particularly needs (e.g. for physiotherapy or to house necessary equipment)
  - space indoors for the disabled person to use their wheelchair

### but **not** –

- an extra toilet
- a garage for the disabled person's transport
- The feature claimed for need not be an addition or alteration (e.g. it could be an existing room)
- The feature must be of major importance to the well-being of the disabled person (i.e. without it the disabled person would find it physically impossible or extremely difficult to live in the property, or that their health would suffer)
- To claim on the grounds of space indoors for a wheelchair, it must be necessary for the disabled person to use a wheelchair indoors but they do not need to be confined to the wheelchair
- The reduction is not affected by the income of the disabled person, or of the household in general, but we may need to contact the disabled person's medical practitioner (e.g. GP, Therapist or District Nurse)

Please complete PARTS 1 AND 2 of this form and return it to me in the envelope provided.

Yours sincerely

Council Tax Disregard Section



Please give the full name and address of the person who is liable to pay the Council Tax:

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Telephone : (01274) 437715  
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Minicom : (01274) 437813  
email : council.tax.99@bradford.gov.uk  
website : [www.bradford.gov.uk](http://www.bradford.gov.uk)

Please quote the account reference number:

## Council Tax - Application for disabled reduction

The person who is liable to pay the Council Tax should complete this form

### Part 1

1. Full name and address of the disabled person

(The disabled person can be an adult or child but must be resident at the address shown above)

2. What is the nature of the disabled person's disability?

3. Is this a permanent disability?

Yes

No

4. What special feature(s) does the property have which is/are required by the disabled person because of their disability?

a) an extra bathroom

when did the disabled person first start to use this feature?

..... (dd/mm/yy)

b) an extra kitchen

when did the disabled person first start to use this feature?

..... (dd/mm/yy)

c) use of a wheelchair indoors

when did the disabled person first start to use this feature?

..... (dd/mm/yy)

d) a room which the disabled person requires to meet their special needs (e.g. a room which contains dialysis or physiotherapy equipment)

when did the disabled person first start to use this feature?

..... (dd/mm/yy)

Please give further details if you have ticked box (d)

5. Why does the disabled person require the special feature(s) you have indicated?

6. Is/are the special feature(s) you have indicated essential or of major importance to the well-being of the disabled person because of the nature and extent of their disability? Yes  No

7. If your application for disabled reduction is successful, then it will normally be awarded from the date of your claim. It may however be possible to backdate your claim to the date that the disabled person first started to use the special feature(s).

Please indicate if you wish your claim to be backdated Yes  No

If you require a backdate please supply proof of the date that the disabled person first started to use the special feature(s) (e.g. a letter from the disabled person's medical practitioner, wheelchair delivery notice, disabled adaptation notice)

**If you do not supply proof then we may not be able to backdate your claim.**

**Part 2: Declaration and authorisation for Bradford Council to contact the applicant's medical practitioner**

I authorise you to send this form to the applicant's medical practitioner for the completion of Part 3 below. I agree that the form should be returned directly to you.

Medical Practitioner's name and surgery/hospital address

**I declare that the information given in this form is correct to the best of my knowledge. I understand that if I am allowed a reduction, I must inform Bradford Council within 21 days of any change in the circumstances of my household which may affect that reduction.**

Signed  date

Your telephone number (in case we need to contact you about your application)

**Annual Review:** If you are allowed Disabled Band Reduction, you will need to complete a review form once a year so that we can confirm that you still qualify. If you would like to receive a review form by e-mail rather than by post, then please supply your e-mail address.

**Part 3: To be completed by the Medical Practitioner**

Medical Practitioner's name and surgery/hospital address  
  
Status.....  
(e.g. Consultant, GP etc)

I declare that the disabled person named overleaf, who is resident at the address shown, has a disability of a permanent nature and that the facility or facilities indicated is/are essential or of major importance to their well-being because of the nature and extent of their disability.

Signed  Date