

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

Department of Corporate Services

Council Tax, PO Box 1242, Bradford, BD1 9YN

Telephone : 01274 437715

Text us : 07786 208100

(if you have speech or hearing difficulties)

Website : www.bradford.gov.uk/counciltax

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 their 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/yyyy)

b. an extra kitchen

☐

when did the disabled person first start to use this feature?
(dd/mm/yyyy)

c. use of a wheelchair indoors

☐

when did the disabled person first start to use this feature?
(dd/mm/yyyy)

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/yyyy)

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).

8. 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

Declaration

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 discount, I must inform Bradford Council within 21 days of any change in the circumstances of my household which may affect that discount

Signed:

Date:

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

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: