

APPLICATION FOR REDUCTION FOR PERSON WITH DISABILITIES

Please complete this form and return to:

**FINANCE AND PROCUREMENT
TOWN HALL
NUNEATON
WARWICKSHIRE
CV11 5AA
Telephone (024) 7637 6534**

Upn:.....

Date of issue

This form is to be completed and returned by the person responsible for payment of the council tax (the liable person).

PART ONE Details of the Disabled Person

Surname.....	Home address
Forename(s).....
.....

PART TWO Details of the special feature or room provided

Please delete as applicable to indicate whether or not any of the grounds for application are fulfilled.

a) A room predominantly used by and required for meeting the needs of the disabled person Yes/No

If yes, please give details.....

.....

.....

b) An additional bathroom or kitchen which is not the only bathroom or kitchen and which is predominantly used by and required to meet the needs of the disabled person Yes/No

c) A wheelchair used indoors by the disabled person for mobility Yes/No

d) Start date of claim /...../.....

I DECLARE THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature	Name (Block Capitals)	Telephone Number	Date

**IMPORTANT :You must notify Finance and Procurement if the above circumstances change.
If you fail to do so, you may be subject to a penalty of £70.**

PART THREE Certification-To be provided by a Doctor or another suitably qualified professional (such as an occupational therapist or social worker)

I declare that in my opinion
 is a permanently disabled person and that the special feature(s) indicated in Part 2 is/are of major importance to him/her by reason of the nature and extent of the disability.

Signed Employer.....

Name (Block Capitals)..... Employers Address.....

Designation

Date..... ..

Employers Tel No.....

Please note It will help to speed up the Council’s decision on the application if the applicant is able to get the above certificate signed by a doctor or other suitably qualified professional, saying that, in their opinion, the applicant or a member of his household is disabled, and that because of his/her disability he/she needs the special feature which relief has been claimed for. If for any reason, you are unable to get the above certificate signed easily, do not delay your application if you think you are eligible. The Council will be prepared to consider it in any case, though there may be a need to seek further information in support of your claim.

NOTES TO HELP YOU COMPLETE THIS FORM

PART ONE For the reduction to apply the disabled person must reside at the property for which the relief is being applied for.

PART TWO In order to grant this relief, the Council will need to be satisfied on three main points:

1. That the applicant or a member of his/her household is a person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).
2. That the property is the sole or main residence of the disabled person.
3. At the applicant’s home there is provided at least one of the following:
 - (a) a room which is not a bathroom, a kitchen or a lavatory and which is predominantly used (whether for providing therapy or otherwise) by and is required for meeting the needs of any qualifying person residing in the household; or
 - (b) a bathroom or kitchen which is not the only bathroom or kitchen and which is required for meeting the needs of any qualifying individual resident in the dwelling; or
 - (c) sufficient floor space to permit the use of a wheelchair required for meeting the need of any qualifying resident in the dwelling.

A visit will be required in order to consider your application. A mutually convenient appointment will be arranged in advance.

Please note that further information may be required in order to backdate your claim if the start date entered in part two is retrospective.