



North Lincolnshire Council
 Council Tax Unit
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 Brigg
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 Telephone (01724) 296093
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COUNCIL TAX DISABILITY REDUCTION

Under the Council Tax Reductions for Disabilities Regulations 1992, a person who is liable to pay the council Tax may apply for a reduction. This is on the grounds that the property is occupied by a person (adult or child) who is substantially and permanently disabled, whether by illness, injury, congenital deformity, or otherwise. In order to qualify for this reduction the following conditions **must** be fulfilled:

- i) The person applying for the reduction is the liable person for the property, and that property is the sole/main residence of at least one person who is substantially and permanently disabled.
- ii) One of the facilities described in section C is provided and **is essential or of major importance to the well-being of the disabled person.**

To enable me to assess your application, I should be pleased if you would answer the following questions:

A
 Name of council taxpayer Account no.....
 Address

The disabled person must have his/her sole/main residence at the above address.

B
 Name of disabled person
 Nature of disability

 The date the person became disabled
 Name and address of his/her doctor

C
 Facilities provided for the disabled person. Is there:

1. A room which is predominantly used and required for meeting the needs of the disabled person? (other than a bathroom, kitchen or lavatory)	YES/NO
2. An extra bathroom or kitchen required for meeting the needs of the disabled person?	YES/NO
3. Sufficient floorspace to permit the use of a wheelchair which is essential or of major importance to the well-being of the disabled person by reason of the nature and extent of his disability. A person who does not need to use a wheelchair within the living accommodation does not fulfil this condition.	YES/NO

Please provide the exact date the above conditions were met

Declaration by council taxpayer:

I hereby declare that the information I have given is true and accurate to the best of my knowledge and belief. Should any of the information change I will notify the council within 21 days of the change occurring. I understand that this application will be reviewed on an annual basis.

Signature of council taxpayer: Date:
 Daytime telephone number (in the event of a query):

Mrs C A Johnson
 Local Taxation and Benefits Manager for Head of Finance