



**APPLICATION FOR COUNCIL TAX
REDUCTION FOR DISABILITIES**

88-90 Pier Avenue, Clacton on Sea, Essex CO15 1TN
E-mail: council.tax@tendringdc.gov.uk

Name & address:

Date:

Account No:

Please ask for:

HELPLINE:

Val Band:

Please complete in BLOCK CAPITAL LETTERS in ink.

Please Note: In line with the Council Tax (Reductions for Disabilities) Regulations, relief will be granted from the beginning of the financial year in which the application is made, unless the qualifying conditions occurred after that date.

1.	Name of Applicant	<input type="text"/>
2.	Name of Disabled Person (If different from above)	<input type="text"/>
FOR PROPERTIES THAT HAVE MORE THAN ONE DISABLED RESIDENT PLEASE SELECT ONE APPLICANT AND COMPLETE THE FORM USING HIS/HER DETAILS.		
3.	Address of property for which a reduction is claimed	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
	Telephone No	<input type="text"/>
	(You do not have to give your telephone number but it would help if there is a query relating to your application).	
4.	Please state the nature of the disability	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
5.	It is the adaption of the home or special facility that attracts the relief rather than the disability alone. However, there must be a disabled person resident in the property. Reductions can only be awarded if at least one of the special facilities listed below is present in the property:-	
	(A) <input type="checkbox"/>	A ROOM (OTHER THAN A KITCHEN, BATHROOM OR LAVATORY)
	The room must be used predominantly by the disabled person to meet his/her needs.	
	Which room is it?	<input type="text"/>

Please indicate the use to which the disabled person puts the room and advise whether other members of the household use it.

Tick Below

Please continue on a separate sheet if necessary

(B) **A SECOND BATHROOM**

This **must be additional** and required for meeting the needs of the disabled person.

Tick Below

(C) **A SECOND KITCHEN**

This **must be additional** and required for meeting the needs of the disabled person.

Tick Below

(D) **SUFFICIENT FLOOR SPACE INSIDE THE PROPERTY FOR WHEELCHAIR CIRCULATION**

This will validate a claim where the disabled person is **wheelchair bound** inside the home.

6. **DATE THAT THE SPECIAL FACILITY WAS FIRST PROVIDED AT THIS ADDRESS**

APPLICANTS DECLARATION

I declare that the information is correct and undertake to give immediate notification of any changes to the special facilities, or if the disabled person should cease to reside in the accommodation.

SIGNEDDATE

This form should now be sent to either a Doctor, Social Worker or Occupational Therapist, who can confirm that the special facilities indicated by the claimant are essential, for the wellbeing of the disabled person.

MEDICAL DECLARATION

To the person certifying this form.

I certify, that in my opinion, the special facilities indicated on this application by the claimant are essential, for the wellbeing of the disabled person.

SIGNEDDATE

ADDRESS

*(DOCTOR/SOCIAL WORKER/OCCUPATION THERAPIST)

*Delete as appropriate

If your home is eligible, your bill will be reduced to that of a property in the next Council Tax band down. For example, a Band D property will be charged a Band C rate. If your property is in band A, the reduction equates to one-ninth of the band D charge.