

COUNCIL TAX APPLICATION: DISABLED BAND REDUCTION

The person liable to pay Council Tax may apply for a reduction if the dwelling is the sole or main residence of a person who is substantially and permanently disabled. The dwelling must contain certain features which are required to meet the needs of the disabled person.

Please complete all parts in BLOCK CAPITALS

PART 1 - Applicant (the person liable to pay the Council Tax)

Name:

Address:

Council Tax
Reference:

PART 2 - Disabled Person

Name:

Address:

PART 3 – Grounds for Application

Please confirm the grounds of your application:

Is there a room which is predominantly used by and required for meeting the needs of the disabled person? (this does not include a bathroom, kitchen, or toilet)

Is there a second bathroom or kitchen required to meet the needs of the disabled person?

Is there a wheelchair used INDOORS by the disabled person?

From what date would you like to apply for this discount:

If the property has been adapted, confirm the date: (*Please provide any supporting evidence*)

Please turn over for part 4 >

PART 4 - Declaration

The information given on this form is correct. I understand to notify the Council immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature:

Date:

Telephone contact number:

In assessing this application, the Council will need to be satisfied -

- (a) that there is a disabled resident who needs either space for a wheelchair to be used inside the home, or an additional kitchen, bathroom, or other room; and
- (b) that this space or room is essential or of major importance to the well-being of the disabled resident because of the nature and extent of his or her disability.

It will help in the consideration of this application if the applicant can supply a note from a doctor, or other qualified professional such as an occupational therapist or social worker, confirming that the disabled resident needs the extra space or room as stated in Part 3.

TO BE COMPLETED BY A DOCTOR OR OTHER QUALIFIED PROFESSIONAL

I confirm that, in my opinion, (name) is disabled and the extra space or room as described in Part III (Grounds for Application) is required to meet the needs of the disability.

Signature

.....

Name (IN CAPITALS)

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Status (e.g., Doctor, social worker)

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Council Tax Data Protection Privacy Notice

To find out more about how we use your personal data please visit <https://www.milton-keynes.gov.uk/benefits-council-tax/council-tax-privacy-notice>

Please return your completed application by post to the address specified below or email a copy to us at counciltax@milton-keynes.gov.uk.