

Email: revenues@gedling.gov.uk
Web: www.gedling.gov.uk
Direct Line: 0115 901 3950
Contact Centre: 0115 901 3901
Our ref:
Your ref:
Date:



APPLICATION FOR COUNCIL TAX DISABLED REDUCTION

Dear

You may be entitled to claim a reduction in your Council Tax because you have a disabled person living in the property – as long as one or more of the conditions detailed overleaf are met.

If you have any queries, please contact Revenues & Welfare Support on the above direct line telephone number.

Yours sincerely



Duncan Adamson
Service Manager – Revenues & Welfare Support

Please complete the following information:

Section 1 – Details of the Disabled Person

Name of Disabled Person:	
Nature of the Disability: (You do not have to provide details, but it would be helpful if you do)	

Section 2 – Details of the Property

Is there a room, mainly used by the Disabled Person to meet their needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes, please give a brief description

OR

Is there an additional bathroom or kitchen to meet the disabled person's needs?	Yes <input type="checkbox"/>	OR	Is there sufficient floor space to enable the disabled person to use a wheelchair in the home on a day to day basis?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>			No <input type="checkbox"/>

As part of your application, it will be necessary to arrange an internal inspection of the property. Our Local Tax Inspector will contact you to arrange a mutually acceptable appointment. Please provide contact details:

Name:	Home Phone No:
Email Address:	Mobile Phone No:

Section 3 – Declaration

This declaration must be signed by the person named on the Council Tax Demand Notice

I declare that the information on this form is correct.

I also undertake to notify the Council immediately of any change of circumstances affecting this application.

Signed:		Date:	
Name:			

Section 4 – Certification (must be completed by a doctor or other qualified medical professional)
Gedling Borough Council will not meet any charge incurred for completion of the certificate.

I hereby certify that the person named in Section 1 is substantially and permanently disabled and that the facilities stated in Section 2 are used and required for meeting the needs of the named disabled person.

Signed		Date:	
Name:			
Position:			