



Walsall Council

Money, Home, Job

PO Box 23, Walsall, WS1 1TW

Council Tax

Reference:

Date:

Telephone: 0300 555 2851

Email: Counciltax@Walsall.gov.uk

COUNCIL TAX REDUCTION FOR DISABILITIES

Before completing this form, please read the enclosed guidance notes. **ALL QUESTIONS MUST BE ANSWERED.** If you require assistance in completing the application please contact me.

Details of the person with the disability:

(A) Full name: _____

(B) Address:

(C) Will this person be UNDER 18 years of age at 31st March next year: **YES / NO**

(D) Nature of disability:

Please answer to which of the following are used by and required to meet the needs of the person with the disability:

(A) A room predominantly used by the person with the disability **YES / NO**
(Please provide the further information requested overleaf)

(B) An additional bathroom **YES / NO**

(C) An additional kitchen **YES / NO**

(D) Floor space to permit use of a wheelchair **YES / NO**
(Note: the wheelchair must be used within the property)

Please provide the date the facility first came into use: _____

Room Predominantly Used

Please describe the room being used, e.g. lounge, bedroom etc:

Describe how this room is used to meet the needs of the disabled person:

DECLARATION

I certify that the information on this application is true and accurate to the best of my knowledge and belief. I will notify the Local Taxation Service immediately if there is a change in the use of the premises by the person with the disabilities that will effect this application. I authorise the Local Taxation Service to verify the information provided, if they wish to do so.

Signed: _____ **Date:** _____

Please provide your telephone number in case of any query: _____

IMPORTANT: In order to assist the Local Taxation Service in considering your application for a reduction, the certificate below should be signed **before** returning this form.

CERTIFICATE

(To be signed preferably by a doctor, social worker, occupational therapist etc).

I certify that in my opinion the special facility/facilities listed overleaf which is/are the subject of a claim for a reduction in council tax, are present in the property and are required as essential, or of major importance to the well being of the person with the disability because of the nature and extent of the disability.

Signed: _____ **Date:** _____

Capacity in which signed: _____

REDUCTIONS FOR DISABILITIES - GUIDANCE NOTES

To qualify, the room must be essential or of major importance to the well being of the disabled person having regard to the extent and nature of the disability:

It would be physically very difficult for the disabled person to live in the property without these facilities.

OR

Without these facilities, their health would suffer or their disability would become more severe.

Who is entitled?

You may be entitled to a reduction if anyone in your household is disabled and requires certain facilities to meet their needs.

Who would be considered to be disabled?

This would be any person who is substantially and permanently disabled because of illness, injury, congenital deformity or otherwise.

What facilities are eligible?

- A) A room (other than a bathroom, kitchen or lavatory) predominantly used by the disabled person.
- B) An **additional** bathroom or an **additional** kitchen.
- C) Sufficient floor space to permit the use of a wheelchair.

In addition, to qualify it is the room which must meet the needs of the disabled person, not just the equipment.

Are my financial circumstances taken into account?

No

How much will the reduction be?

The effect of the reduction is to place the property into **ONE** valuation Band lower than it otherwise would be. Where a property is currently in Band A, **with effect from 1st April 2000**, a reduction may now be applied for.

GENERAL

- A) The disabled person **MUST** be resident at the property for the reduction to be allowed.

You must notify the Local Taxation Service if you have reason to believe that you are not entitled to this reduction.