## **Council Tax**

# **Reduction for Disability Application Form**

Q	Scottish Borders
	COUNCIL

Property Reference Number:	Account Number:		
	If you require any help in completing this form, please visit your Local Council Office (locations and opening times are given at the back of this form) where our staff will give you confidential assistance. Alternatively please telephone Customer Services on 0300 100 1800.		
Introduction			
Certain properties in which there is at least one disabled reconditions detailed overleaf are met.	sident may qualify for a reduced Council Tax charge where the		
To claim this reduction the person liable to pay the Counci behalf) <b>USING BLOCK CAPITALS</b> and return it without del	il Tax should complete this form (or have it completed on their lay to the address shown overleaf.		
About the property			
What is the address of the property for which the reduction is claimed?			
2. Who is liable to pay the Council Tax on this property?			
3. From which date do you want to claim the reduction?			
Should you require a back date of more than 3 months please supply as much evidence as possible to enable a decision to be made.			
This may include: Documentation which confirms the date adaptations were made on the property A letter from a medical practitioner confirming the date you were required to use a wheelchair Any other supporting information you think may be important.			
About the disabled residents			
Please enter the name(s) of the disabled residents			
1 <sup>st</sup> Disabled Person	2 <sup>nd</sup> Disabled Person		
And a brief description of their disability	And a brief description of their disability		

<del></del>				
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About the special facilities				
Please read the notes at the end of this form before completing this part.	1 <sup>st</sup> Disabled 2 <sup>nd</sup> Disabled Person Person Enter Yes or No Enter Yes or No			
1. Does the disabled person use a wheelchair when indoors?				
For questions 2 and 3 special features or facilities to "meet the needs of the disabled person" must be essential or of major importance to the well-being of the disabled person by reason of the nature and extent of their disability, i.e. the disabled person would find it physically impossible or extremely difficult to live in the dwelling <b>or</b> health would suffer <b>or</b> the disability would become more severe without special facilities.				
2. Is there an <b>additional</b> bathroom or kitchen in the property which is required to meet the disabled persons needs				
If <b>YES</b> , please use the following lines to state the type of room, how it meets the needs of the disabled person, how this is of major importance to them and the reasons why the original room within the property does not already meet their needs.				
3. Is there a room which is not a bathroom, lavatory or kitchen (e.g. a treatment or therapy room) which is <b>mainly used by</b> and is required for meeting the disabled person's needs?				
If <b>YES</b> , please use the following lines to detail the room involved, its exdisabled person's needs and how this is of major importance to them.				

### I declare that to the best of my knowledge the information given is true and complete. I authorise Scottish Borders Council to undertake such enquiries it considers appropriate (including inspection of property) to verify this application. I undertake to advise the Council of any change of circumstances (including notification that the disabled person ceases to reside in the property or if the special facilities cease to exist). Your Date Signature Name Tel. No. Address for Correspondence Capacity (e.g. Owner; Tenant; Sub-Tenant; Agent): When completed, this form should be returned to Scottish Borders Council, for Office Use **Customer Services ACT BY** Newtown St. Boswells, Melrose, TD6 0SA. DATE

#### Council Tax reduction for disability - qualifying conditions

#### 1. Introduction

**Declaration** 

If the property meets the conditions listed the Council Tax will be charged as if the property had been placed in the Valuation Band below the one it is in (e.g. a property valued as a Band D would be charged at the Band C rate. If the property is Valuation Band A then the Council Tax will be reduced by 1/6 of the Band A charge).

To qualify the property **must**:

- a) be the sole or main residence of at least one person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise)
- b) contain one of the following special features or facilities -
  - (i) a room (which is **not** a bathroom, a kitchen or a lavatory) which is **mainly** used (whether for providing therapy or otherwise) by, and is required for meeting the needs of, any disabled resident in the property; **or**
  - (ii) a **bathroom or kitchen** which is **not the only** bathroom or kitchen within the dwelling and which is required for meeting the needs of any disabled resident in the dwelling; **or**
  - (iii) sufficient floor space to permit the use of a wheelchair which needs to be used by the disabled person when they are indoors.

#### **LOCAL COUNCIL OFFICES**

You can find out the opening times from our website at <u>www.scotborders.gov.uk/contactcentres</u> or by calling 0300 100 1800 and following the appropriate instruction. They are also displayed at each office.

COLDSTREAM, High Street
DUNS, Newtown Street
EYEMOUTH, High School, Coldingham Road
GALASHIELS, Paton Street
HAWICK, High Street
SELKIRK, High Street

INNERLEITHEN, Buccleuch Street
JEDBURGH, Castlegate
KELSO, Bowmont Street
NEWTOWN ST. BOSWELLS, Council HQ
PEEBLES, High Street