COUNCIL TAX REDUCTION FOR DISABILITY APPLICATION FORM



	If you require any help in completing this form, please telephone Customer Advice & Support on	
	0300 100 1800	
	or visit any Council Contact Centre/Library Contact Centre	
	(further information is available on page 3 of this application form) where our staff will be pleased to give you	
	confidential assistance.	
INTRODUCTION		
Certain properties in which there is at least one disabled resident is conditions detailed overleaf are met.	may qualify for a reduced Council Tax charge where the	
To claim this reduction the person liable to pay the Council Tax should complete this form (or have it completed on their behalf) USING BLOCK CAPITALS and return it without delay to the address shown overleaf.		
ABOUT THE PROPERTY		
What is the address of the property for which the reduction is claimed?		
Who is liable to pay the Council Tax on this property?		
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		
ADOUT THE DISABLED RESIDENTS		
Please enter the name(s) of the disabled residents		
1 st Disabled Person	2 nd Disabled Person	

ABOUT THE DISABLED RESIDENTS (CONTINUE	נס
A brief description of their disability	
1 st Disabled Person	2 nd Disabled Person
ABOUT THE SPECIAL FACILITIES	
Please read the notes at the end of this form before completing this part.	1 st Disabled Person 2 nd Disabled Person
1. Does the disabled person use a wheelchair Yes when indoors?	s No Yes No
	by reason of the nature and extent of their disability, i.e. the mely difficult to live in the dwelling or health would suffer or
2. Is there an additional bathroom or kitchen in the property which is required to meet the disabled yersons needs	5 No Yes No
If YES, please use the following lines to state the type of room major importance to them and the reasons why the original ro	, how it meets the needs of the disabled person, how this is of
3. Is there a room which is not a bathroom, lavatory or kitchen (e.g. a treatment or therapy room) which is mainly used by and is required for meeting the disabled person's needs?	No Yes No
If YES , please use the following lines to detail the room involv needs and how this is of major importance to them.	ed, its exact use, why it is required to meet the disabled person's
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DECLARATION

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 SIGNATURE		DATE
NAME		TEL NO
ADDRESS FOR CORRESPONDENCE		
Capacity (e.g. Owner; Tenant; Sub-Tenant; Agent)		
personal informatic please sec <u>www.scotborder</u> If you would like a	we will process and use your on in connection with this request e our Privacy Notices at rs.gov.uk/CASSPrivacyNotices printed copy you can contact us one on 0300 100 1800.	When completed, this form should be returned to Scottish Borders Council Customer Advice & Support Service Council Headquarters Newtown St. Boswells Melrose TD6 0SA
For Official Use Act By Date		
COUNCIL TAX REDUCTION FOR DISABILITY - QUALIFYING CONDITIONS		

1. Introduction

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.

COUNCIL CONTACT CENTRES/LIBRARY CONTACT CENTRES

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

Coldstream, Library Contact Centre, Gateway Centre Duns, Library Contact Centre, 49 Newtown Street Eyemouth, Old High School, Coldingham Road Galashiels, Paton Street Hawick, High Street Innerleithen, Library Contact Centre, Buccleuch Street Jedburgh, Library Contact Centre, Castlegate Kelso, Library Contact Centre, Bowmont Street Newtown St Boswells, Council Headquarters Peebles, High Street Selkirk, High Street