COUNCIL TAX REDUCTION FOR DISABILITY APPLICATION FORM



PROPERTY REFERENCE NUMBER	ACCOUNT NUMBER			
	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 r 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 c	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				
Please enter the name(s) of the disabled residents				
1st Disabled Person	2 nd Disabled Person			

ABOUT THE DISABLED RESIDENTS (CONTINU	JED)
A brief description of their disability	
1st 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
 Does the disabled person use a wheelchair when indoors? 	Yes No Yes No
major importance to the well-being of the disabled pers	eet the needs of the disabled person" must be essential or of on by reason of the nature and extent of their disability, i.e. the stremely difficult to live in the dwelling or health would suffer or l facilities.
2. Is there an additional bathroom or kitchen in the property which is required to meet the disabled persons needs	Yes No Yes No
	om, how it meets the needs of the disabled person, how this is of all 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 mainly used by and is required for meeting the disabled person's needs?	Yes No Yes No
If YES, please use the following lines to detail the room inv needs and how this is of major importance to them.	olved, its exact use, why it is required to meet the disabled person's

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)		

To find out how we will process and use your personal information in connection with this request please see our Privacy Notices at www.scotborders.gov.uk/CASSPrivacyNotices

If you would like a printed copy you can contact us via telephone 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