



Council Tax Office
Town Hall
Duke Street
Barrow-in-Furness
Cumbria LA14 2LD

Telephone Helpline – (01229) 404242

**APPLICATION FOR REDUCTION IN COUNCIL TAX
DISABLED PERSON**

A) APPLICANT'S NAME AND ADDRESS

(N.B. only people who are liable to pay the Council Tax can apply for a reduction but you can apply if you have a disabled person living with you)

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Daytime Telephone No

B) DISABLED PERSON

(N.B. The disabled person must be living in the dwelling for which the reduction is being sought)

Disabled Person's Name

C) GROUNDS FOR APPLICATION

Is there

- i) a room which is predominantly used by and required for meeting the needs of the disabled person? **YES/NO**
- ii) a second bathroom or kitchen for meeting the needs of the disabled person? **YES/NO**
- iii) a wheelchair used indoors by the disabled person? **YES/NO**

Please enclose a note of any other adaptation etc. made specifically for the benefit of the disabled person which you feel may further your claim *but read carefully the notes shown overleaf.*

DECLARATION

The information supplied by me on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of Applicant

Date

PLEASE READ THE NOTES OVERLEAF CAREFULLY

NOTES

In assessing this application, the authority will need to be satisfied:

a) That there is a disabled resident who needs either space for a wheelchair to be used inside the home, or a special or additional kitchen, bathroom or other room;

AND

b) That this space or room is essential or of major importance to the wellbeing of the disabled resident because of the nature and extent of his disability.

Arrangements will be made in the future for a Council Officer to visit your property to confirm the details of your application.