



Resources Department/Adran Adnoddau
D. Waggett, C.P.F.A., Director of Resources/Cyfarwyddwr Adnoddau
Civic Centre, Ebbw Vale, Gwent, NP23 6XB
Tel/Ffon: 01495 355212, Fax/Ffacs 01495 356132, E-Mail ctax@blaenau-gwent.gov.uk

COUNCIL TAX -Application for a Reduction for a person with a Disability

Council Tax Payer.....
Address

Property Reference Number

Account Reference Number

The following Section must be completed by the person who is responsible for paying the Council Tax for the property in which the disabled person resides.

A) Details of the person who pays the Council Tax

- 1) Name
- 2) Address of Property
- 3) Daytime Telephone Number

B) Details of the Disabled Person

- 4) Name
- 5) Address

C) Grounds for the Application (see the notes overleaf)

Is there one or more of the following, which is required to meet the needs of the disabled person:-

- i) A room, which is predominately used by, and required for, the needs of the disabled person
Purpose for which the room is required Yes No
- ii) A **SECOND** bathroom or kitchen required for meeting the needs of the disabled person
Which room is the second room required Yes No Bathroom/Kitchen
- iii) A wheelchair used indoors by the disabled person Yes No

D) Declaration

- a) I declare that the information given on this form is true and accurate to the best of my knowledge and belief.
- b) I agree to the Council making any enquiries it considers necessary to verify the information included on this form and that I will notify the Council of any change in circumstance which may affect this application

Signature Date

Relationship to applicant

Address (if different from above)

Please return this form to the Director of Resources, Council Tax Section, Civic Centre, Ebbw Vale, NP23 6XB.

IF YOU HAVE ANY CHANGE IN CIRCUMSTANCES, YOU MUST NOTIFY THE COUNCIL'S COUNCIL TAX SECTION, AT THE ABOVE ADDRESS, IMMEDIATELY THE CHANGE TAKES PLACE.

NOTES

Section A)

Please state the name and address of the person who is responsible for paying the Council Tax for the property in which the disabled person lives.

Section B)

Please state the name and address of the disabled person.

Section C)

- i) Please delete as appropriate
Please state the room required for the needs of the disabled person e.g. bedroom, purpose built room, etc and the nature of its use e.g. kidney dialysis, lounge converted to bedroom, etc..
- ii) Please delete as appropriate
- iii) Please delete as appropriate

In assessing the application the Council will need to be satisfied that :-

- a) there is a disabled resident who needs either to use a wheelchair inside the house or a special or additional kitchen , bathroom or other room; and
- b) this space is essential or of major importance to the well being of the disabled resident because of the nature and extent of his/her disability.

It will help in the consideration of this application if the applicant is able to supply a note from a doctor or another qualified person, such as an occupational therapist or social worker, confirming that the disabled resident needs the extra space or room stated in Section C).

A form is supplied for this purpose.

If for any reason you are unable to obtain the form, which is to be completed by a doctor, or, another qualified person immediately, please do not delay your application if you believe that you may qualify for a reduction. The Council may, however, require the form to be completed at a later date.

Properties that are in Band A in the Valuation List may qualify for a reduction only from 1st, April, 2000.

Please return this form to the Director of Resources, Council Tax Section, Civic Centre, Ebbw Vale, NP23 6XB.



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COUNCIL TAX -Application for a Reduction for a person with a Disability – Supporting Information

Council Tax Payer.....
Address

Property Reference Number

Account Reference Number

You should complete PART 1 below and send or take it to the health or social services professional who knows about the disability of the person for whom the application is made.

In most cases the professional will be familiar with the disabled person’s circumstances, so that there may not be any need for that professional to see the disabled person before completing PART 2, which is overleaf.

PART 1

Dear

(Enter here the name of the health or social services professional e.g. doctor, nurse, health visitor, social worker, occupational therapist, etc.)

I should be grateful if you would complete PART 2, overleaf, stating whether the person named below is permanently or subsequently disabled, whether by illness, injury, congenital deformity or otherwise.

Full Name of Person with the Disability

Signature of the Person with the Disability

Address

Full Name of the Person who pays the Council Tax Bill

Signature of the Person who pays the Council Tax Bill

Address (if different from that of the Disabled Person)

Date

Please return this form, ensuring that both PART 1 and PART 2 are completed and signed, to the address shown above.

PART 2 is overleaf

COUNCIL TAX -Application for a Reduction for a person with a Disability – Supporting Information

This statement is for use only in support of an application for a reduction in Council Tax for a person with a physical disability, in accordance with Council Tax Regulations.

PART 2

To be completed by the health or social services professional named in PART 1 overleaf.

I state that, in my opinion, the person with the disability named in PART 1 overleaf

is / is not
(Please delete as appropriate)

permanently or subsequently disabled (whether by illness, injury, congenital deformity or otherwise)

Any other comments
(including whether the room or space
is essential or of major importance
to the person with the disability)

Signed Date

Status

Address of normal place of work
.....
.....
.....

Employing Authority (except G P's)
.....
.....
.....

Blaenau Gwent County Borough Council thanks you in anticipation of your co-operation in completing this form and should you require confirmation of its use or any other information, please do not hesitate to contact the Council Tax Section at the address shown overleaf.