

date:

our reference:

ask for: Council Tax Billing Section

email: counciltax@sholland.gov.uk



PO Box 8
 Priory Road
 Spalding
 PE11 2XQ

Council Tax – Application for a Disabled Band Reduction

Please read the enclosed notes and then answer **all** of the questions below.

About the property

- 1 Please tell us your address

- 2 Please tell us who is liable to pay the council tax for this address
- 3 Please provide a daytime telephone number

About the disabled person

- 4 Please tell us their name:
- 5 Please tell us their date of birth:
- 6(a) Is their disability permanent? Yes No
- (b) What is their disability?

Reason for application

- 7(a). Is there a room (but not a kitchen, bathroom or toilet) mainly used by the disabled person for meeting their needs? Yes No
- (b) If YES, please say why the disabled person needs that room:

continued over the page

(If yes please state which room)

8 Is there an additional bathroom or kitchen for meeting the needs of the disabled person? Yes

No

9 Does the disabled person need to use a wheelchair indoors and is there enough space inside to allow such use? Yes

No

10 When did this situation first apply to your property?

Declaration

I confirm that the information I have given on this form is correct. I also confirm that I will tell the Council straightaway if there are any changes, or if I think I am no longer entitled to any saving given as a result of this application.

Signature of applicant

Date

Full name

 this form should now be returned to:

Benefits and Revenues Team, South Holland District Council, PO Box 8, Spalding, PE11 2XQ

For office use only

Visit arranged for: Date

Time:

Notes from visit:

Reduction to be granted Yes with effect from

No

Reason granted: Room / 2nd bathroom / 2nd kitchen / wheelchair

Approved by:

Date:

Input by:

Date: