

Account Number

HELP FOR PEOPLE WITH DISABILITIES

PLEASE READ THE ACCOMPANYING NOTES CAREFULLY TO HELP YOU DECIDE WHETHER YOU SHOULD COMPLETE THIS FORM. You should tick or complete the boxes below, as appropriate. If you need more space, please continue on a separate sheet.

THE APPLICANT (LIABLE PERSON)

| | | | |
|---------|-------------|-----------------|--|
| Title | Forename(s) | Surname | |
| Address | | Daytime Tel.No. | |

THE DISABLED PERSON(S)

| | | | |
|---|-------------------------------|---------|---------------------------|
| Title | Forename(s) | Surname | |
| Date(s) of birth | Relationship to liable person | | |
| Description of disability | | | |
| If registered disabled, who with? (e.g Social Services, Department of Employment) | | | Registration No. (if any) |

1 Does the property include a ROOM (NOT a bathroom, kitchen or lavatory) which is MAINLY USED BY and is REQUIRED TO MEET THE SPECIAL NEEDS of a disabled person? Yes No

IF YES, please give details below.

| |
|--|
| |
|--|

2 Does the property include an ADDITIONAL BATHROOM OR KITCHEN (NOT a lavatory) which is REQUIRED TO MEET THE NEEDS of the disabled person? Yes No

If YES, give the total number of each in the property: Kitchens Bathrooms

3 Does the disabled person USE A WHEELCHAIR INDOORS? Yes No

4 From when do you wish to claim this reduction?

| | |
|--|------|
| Signature of applicant (liable person) | Date |
|--|------|

TO BE COMPLETED BY A DOCTOR OR OTHER QUALIFIED PERSON

The Authority is aware, that a charge may be made for completing this form. If you have a policy of charging for this service, please do not complete the form but return it to the patient if possible or direct to the Authority.

I CERTIFY that in my opinion (please tick as appropriate):

The disabled person named overleaf (or at least one such person, if more than one) is severely and permanently disabled as a result of illness, injury or congenital deformity.

The disabled person(s) named overleaf IS/ARE NOT severely and permanently disabled as a result of illness, injury or congenital deformity.

| | |
|-------------------------------|-----------------------------------|
| Signature and Date | Address (official stamp required) |
| Full name (BLOCK CAPITALS) | |
| Professional Status | |

FOR INTERNAL USE ONLY

| | | |
|------------|--|--|
| Accept | | |
| Reject | | |
| Authorised | | |

Fair Processing Notice

We will check the information that you have provided about you and other household members with details already held. We will share and cross match your information both internally within the council and with external organisations to protect public funds, assist in debt recovery and prevent or detect crime, we will only share information where the law allows us to do so. The Councils full Privacy and Disclaimer Statement can be accessed on the website at www.dudley.gov.uk, or by calling us on 0300 555 8000

HELP FOR PEOPLE WITH DISABILITIES

People with disabilities often require more space or an extra room in their homes to cater for their special needs. There is a scheme to ensure that the council tax bills for such properties (including residential institutions) are not increased as a result.

This scheme may apply if any resident (including a child) is substantially and permanently disabled, and one of the following is a feature of the property:

- a **ROOM** (not a bathroom, kitchen or lavatory) which is mainly used by and is needed to meet the special needs of a disabled person
- an **ADDITIONAL BATHROOM OR KITCHEN** which is required to meet the needs of the disabled person
- sufficient space to permit the **USE OF A WHEELCHAIR INDOORS.**

To qualify, any such feature must be:

- **mainly** used by the disabled person, and
- **essential or of major importance for meeting his/her special needs.**

In deciding whether a reduction should be granted, I will have to consider whether **without** the relevant features:

- the disabled person would find it **physically impossible** or **extremely difficult** to live in the property
- his/her **health would suffer**, or the **disability would be likely to become more severe.**

Because of the above conditions, most of the reductions granted will be in respect of a **PHYSICAL** disability.

- Date of claim – you should enter the date from which the above conditions were met, e.g. the date from when a wheelchair was first used in the property.

Where an application is successful, in most cases your bill will be based on the band immediately below that allocated to the property by the Valuation Office Agency. However, **since the 1st April 2000**, properties in Band A are included in this scheme and in these cases the reduction will be 1/6th of the council tax for that band. If an application is refused and after reading these notes you cannot understand why, you may appeal to me in writing stating that you disagree with the decision.

It may be necessary for Council officers to call at the property to verify the claim. They will always carry suitable identification.