

DISABILITY REDUCTION

claim form

Name

Address

.....

.....Post Code

CARLISLE
CITY COUNCIL



www.carlisle.gov.uk

**How to
PAY LESS
COUNCIL
TAX**

Ref. No.

What is a Disability Reduction?

- An 'eligible person' is defined as being a person who is -
 - (a) a liable person as regards a dwelling which is the sole or main residence of at least one qualifying individual and in which there is provided -
 - (i) a room which is not a bathroom, a kitchen or a lavatory and which is predominantly used (whether for providing therapy or otherwise) by and is required for meeting the needs of any qualifying individual resident in the dwelling; 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 qualifying individual resident in the dwelling; or
 - (iii) sufficient floor space to permit the use of a wheelchair required for meeting the needs of any qualifying individual resident in the dwelling; and
 - (b) as regards the financial year in question, an application is made in writing by him or on his behalf to the billing authority
- If a dwelling is eligible for a disability reduction the bill will be reduced to the level of a property in the valuation band immediately below the band shown on the valuation list. For example if the property is in Band B and the conditions are met, the bill will be reduced to that of a Band A property.
- With effect from 1st April 2000, properties in Band A can be considered for disability reductions.

Want to know more?

- If you have any questions at all about Disability Reductions, just ask and we will be pleased to help you.
- Call in or write to the Revenues & Benefits Services, Civic Centre, Carlisle CA3 8QG.
- If you prefer, telephone us on **01228 817200** or Email: **ctax@carlisle.gov.uk**

**DO YOU WANT TO CLAIM?
if "YES" please go to the next part**

PLEASE NOTE

The claim must be made by the person liable to pay the bill (or by an agreed representative).

Information needed from you

- Please complete the sections below including the declaration and return the whole of this form to us.
- Please claim as soon as possible. The sooner you claim, the sooner your account can be checked to make sure that you are not paying too much.
- Please note that if you qualify for a reduction it will be granted from the date your enquiry was received in this office

Please give us your full name and address (if not shown)

Please give the name of the disabled person (if different from above)

--

Reasons for the claim. Are there any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> a room which is predominantly used by and required for meeting the needs of the disabled person? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="checkbox"/> a second bathroom or kitchen required for meeting the needs of the disabled person? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <input type="checkbox"/> a wheelchair used indoors by the disabled person? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Declaration

I confirm that the information I have supplied in this claim is true and accurate and agree that the authority may make any reasonable enquiries to verify this.

I will notify the authority immediately of any change in my circumstances that may affect my entitlement to the discount.

Signed:

.....

Date:

.....

Full Name:

.....

Tel. No.:

.....

DATA PROTECTION - THE INFORMATION THAT YOU ARE ASKED TO PROVIDE MAY BE RECORDED ON COMPUTER AND IS SUBJECT TO THE DATA PROTECTION ACT 1984
We may allow access to Council Tax Information to other parties such as the Electoral Registration Officer, Police, Child Support Agency, Inland Revenue etc. as allowed by law.

What to do now

- Check that you have filled in the parts of the form which apply to you.
- Make sure you have signed the form.
- Take or send this form to the Revenues & Benefit Services, Civic Centre, Carlisle CA3 8QG.