

Chief Executive: Delwyn Burbidge



Our Ref:

Your Ref:

Enquiries to: Customer Services

**Customer Services**

Monkton Park  
Chippenham  
Wiltshire SN15 1ER

Tel: 01249 706246  
Fax: 01249 443158  
email: [revenues@northwilts.gov.uk](mailto:revenues@northwilts.gov.uk)  
[www.northwilts.gov.uk](http://www.northwilts.gov.uk)

Dear Sir/Madam,

**COUNCIL TAX – DISABLED PERSON REDUCTION**

I refer to your request for this reduction.

The application form OVERLEAF asks you to provide information for me to establish if a reduction is applicable.

A reduction can be made when there is a disabled person resident and one of the following is a feature of the dwelling:

- 1) **a room other than a bathroom, kitchen or lavatory which is used predominantly by the disabled person.**

Examples may be an extension or an existing room used for storing dialysis equipment or a wheelchair, or a bedroom on the ground floor of a dwelling with 2 or more storeys.

The Department of the Environment has confirmed that a garage does not qualify.

**OR**

- 2) **a second bathroom or kitchen**

**OR**

- 3) **extra space in the dwelling to allow a wheelchair to be used indoors. (The disabled person MUST use the wheelchair indoors).**

It will clearly help me to deal with your application quickly if you can get a doctor, district nurse, health visitor, occupational therapist or social worker to complete the certificate overleaf. GPs may charge for completing the certificate.

If you cannot get the certificate completed easily, then do not delay your application if you believe you are eligible for a reduction. However, I may subsequently need to ask you for evidence in support of your application.

Where an application is agreed the reduction for Bands B to H will apply by charging the Council Tax on the next Band below that to which the dwelling has been assessed. For example a dwelling assessed to Band C will be charged the Council Tax for Band B. For a Band A property the charge will be five ninths of a Band D property in your area.

Please return the completed application form to the Council Offices at the above address without delay.

Yours faithfully

Customer Services

**COUNCIL TAX  
APPLICATION FOR DISABLED PERSON REDUCTION**

Please note that only a person liable to pay the Council Tax can make this application.

**A. The Disabled Person.** (the disabled person must be living in the dwelling for which the reduction is sought)

Name: .....

Brief details of the disability: .....

.....

Date the disabled person moved in to the property: \_\_\_\_/\_\_\_\_/\_\_\_\_

**B. Grounds for the application.**

Is there:

- (i) a room which is predominantly used by and required for meeting the needs of the disabled person? YES/NO

Please state briefly what the room is used for:

.....  
.....

- (ii) a second bathroom or kitchen required for meeting the needs of the disabled person? YES/NO

- (iii) a wheelchair used indoors by the disabled person? YES/NO

**DECLARATION – TO BE COMPLETED BY TAXPAYER**

The information given on this form is correct. I undertake to notify the Council immediately if I believe that I am longer eligible for a reduction in respect of this application. I understand a Officer may visit to verify the details on this application.

Name: ..... Signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Daytime telephone number: .....

Email address: .....

**CERTIFICATE – TO BE COMPLETED BY A DOCTOR OR OTHER QUALIFIED PROFESSIONAL)**

Doctors' surgery .....  
or other address .....  
.....

I certify that in my opinion the room or space indicated above and used by

.....  
(Enter the name of the disabled person)

is essential or of major importance to the well-being of the disabled person because of the nature and extent of his/her disability and has been so since (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: ..... Full Name: .....

Status: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This certificate is for use ONLY in assessing whether a Disabled Person Reduction is applicable for Council Tax purposes.**