

Council Tax & Non-Domestic Rates



Financial Services, PO Box 722, Poole Dorset BH15 2YE

Tel: (01202) 634234

Minicom Tel: (01202) 743636

Fax: (01202) 633150

Email: financialservices@poole.gov.uk

24 hr Automated Payments Line: (01202) 672932

COUNCIL TAX APPLICATION FOR DISABLEMENT RELIEF

The Council Tax payable may be reduced if you have a disabled person (child or adult) living with you. You can qualify if the are certain features (listed overleaf) in you home which are required to meet the needs of the disabled person because of their disability.

If your application is successful, your Council Tax bill be based on the next lowest band. For example, if you band is in Band D, your will be worked out as though it was in Band C. If your dwelling is in Band A the reduction will be 1/9th of Band D.

Please complete the form below and return it as soon as possible. If you require any advice or guidance on completing this form telephone the helpline on (01202 634234) or write to the above address.

Please use CAPITAL LETTERS

Current Address

_____ Post Code _____

Full name of applicant [*the Council Tax Payer*]

Telephone No:

It would be helpful if you could give your daytime telephone number

Full name of disabled person [*if not applicant*]

Nature of disability

The following information will help in deciding whether the person is Disable for the purpose of this relief.

Please (✓) tick box

Is the person registered disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the person receive any disability related allowances?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please indicate by placing a tick (✓) in the relevant box(es), if items (i or ii) meet the needs of the disabled person.

- (i) A room which is not a bathroom, lavatory or kitchen
- (ii) A second bathroom or second kitchen
- (iii) A wheelchair used in doors

NB. At least one of the above features must be provided in order for your application to be considered.

When I receive your completed form. It may be necessary to visit your home. If this is the case, I will contact you arrange a suitable convenient time.

Declaration

The information given on this form is, to the best knowledge and belief, correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of applicant Date.....

*Tel. No.....

**You do not have to give this information but it would be helpful in case we need to contact you*

FOR OFFICE USE ONLY