



Date of Issue:
Reference No:

COUNCIL TAX DISCOUNT – APPLICATION FOR DISABLED BAND REDUCTION

Applicant:

This form should normally be completed by the person responsible for paying the Council Tax (the liable person), but may be made on that person’s behalf.

Please note:

The property must have been adapted/alterd to meet the needs of a Disabled Resident. We also request that the applicant seeks written knowledge from a Doctor of other qualified professional (such as an Occupational Therapist) that the extra room or space indicated is essential to the wellbeing of the Disabled Resident (see Section 4.)

Section 1. Applicants Information – name and address of person filling in this form

Name:
Address:

Section 2. Residents – please list all adult residents in the property, including yourself:

Title	Forename(s)	Surname(s)



Section 3. Details of Disabled Person

Is the disabled person that named is Section 1?	Yes / No
Name of disabled person if not the applicant:	
Property address:	
Date the property was adapted to meet the disabled persons needs:	/ /
Please tick the appropriate adaptations/alterations:	
Additional Kitchen / Additional Bathroom	<input type="checkbox"/>
Other room used predominantly for therapy / disabled needs	<input type="checkbox"/>
Space for which a wheelchair is used indoors	<input type="checkbox"/>

Section 4. Statement in Support of Application – to be completed by a doctor or other qualified professional

Name	Business Address	Occupation

Having considered the needs of the Disabled Person above, I am of the opinion that the Extra Room / Space as indicated above is necessary to meet their needs and well being.

Signed (Doctor / Health Professional):..... **Date:**.....

Section 5. Applicants Declaration

I declare the information given above is correct to the best of my knowledge and belief.

Print Name:..... **Signed:**..... **Date:**.....

Please supply a telephone number and/or email address where you can be contacted:

Telephone: Email: <div style="text-align: right; margin-top: 10px;"> I would like to receive electronic bills via email <input type="checkbox"/> </div>

The information on this form is necessary to administer your council tax and fulfil the council's statutory functions, and will not be used for any other purposes.

Privacy Notice – Welwyn Hatfield Borough Council is committed to protecting your privacy when you use our services. Our privacy notice explains how we use information about you and how we protect your privacy www.welhat.gov.uk/privacy-notice.

We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email c.tax@welhat.gov.uk

For office use only

Other comments:

Grant Refuse Reason.....

Senior Officer:..... Date:.....