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| **TO BE COMPLETED BY THE PERSON RESPONSIBLE**  **FOR PAYING COUNCIL TAX** |

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| **PART A - APPLICATION** |

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| Please note:  Revenue Services will need to inspect your property and/or may contact an occupational therapist to confirm the adaptation to your property.   1. Your name     **FORENAME(S) SURNAME**   1. Council Tax Account Number 2. Address of the property which has been adapted 3. Your contact telephone number (to enable to arrange a suitable time to visit your property) | | | | | |
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|  | | | | | |
| 1. Name of the disabled person (this can be a child or an adult) | | | | | |
|  | | | | | |
|  | **FORENAME(S)** |  | **SURNAME** | |  |
|  |  |  |  | |  |
|  | | | | | |
| 6. Grounds for Application. (tick which apply) | | | | | |
|  | | | | | |
|  | There is: | | | |  |
|  |  | | | |  |
|  | a] a room which is required for the needs of the disabled person and is mainly used by that person (e.g. room for dialysis machine). | | |  |  |
|  |  | | |  |  |
|  | b] a second bathroom or kitchen required for the needs of the disabled person | | |  |  |
|  |  | | |  |  |
|  | c] extra space inside the property to allow for wheelchair access/movement | | |  |  |

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| **PART B - DECLARATION** |

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| The information given on this form is correct. I undertake to notify Revenue Services immediately if I believe I am no longer entitled to a discount in respect of this application. I understand it is an offence to claim a discount by knowingly giving false information. | | | | |
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| Signature of Applicant |  | Date |  |  |
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