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

|  |
| --- |
| **PART A - APPLICATION** |

|  |
| --- |
|  |
| 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)
 |
|  |
|  |
| 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 | [ ]  |  |

|  |
| --- |
| **PART B - DECLARATION** |

|  |
| --- |
|  |
| 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. |
|  |
| Signature of Applicant |  | Date |  |  |
|  |