Council Tax valuation band reduction for disabled people

The disabled band reduction scheme aims to ensure that disabled people do not pay more Council Tax because they live in a larger property than they would have needed if they were not disabled. Having a disability does not automatically entitle you to a reduction.

In summary, the requirements for a reduction are that the property must be the main residence of at least one disabled person and it must have at least one of:

- an additional bathroom or kitchen,
- any other room (but not a toilet) which is mainly used by the disabled person, or
- enough space for the use of a wheelchair - if the wheelchair is for outdoor use only, this will not count.

The room or the wheelchair must also be essential or of major importance to the disabled person’s well-being, due to the nature and extent of their disability.

'Disabled person' in this context means a person who is substantially and permanently disabled. The disabled person can be either an adult or a child and does not have to be responsible for paying the Council Tax bill.

An extra room does not need to have been specially built, but your home will not qualify for a reduction unless the 'essential or of major importance' test above is met. Simply rearranging rooms (for example, having a bedroom on the ground floor rather than the first floor) is unlikely to make your home eligible for a reduction.

What reduction you may get

If your home is eligible, your bill will be reduced to that of a property in the next Council Tax band down. For example, a Band D property will be charged a Band C rate. Even if your property is in Band A (the lowest band) you will still receive a reduction. It will be the same in cash terms as the reductions for homes in Band B, C or D.

If you wish to make an application, please use the application form attached but remember that before you apply, the property must have been adapted for the use by the disabled resident with at least one of the special features mentioned above.

Return the completed form to:

Local Taxation Team, Eden District Council, Town Hall, Penrith CA11 7QF

If you need any assistance completing the form, please telephone us on 01768 810067 or you can email us at counciltax@eden.gov.uk

Once we receive your application form, an appointment may be made to visit you at your home so that you will be able to show our representative the adaptations that have been made. After that, we will consider your application then write and inform you of the decision. You may also be required to supply additional confirmation from a doctor, occupational therapist or social worker that the resident needs the adaptations or facilities that you have listed. We will let you know when we contact you.
Application for Council Tax valuation band reduction

Council Tax Property Address

Part 1 Enter the name of the applicant (the person liable to pay the Council Tax)

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename</th>
<th>Surname</th>
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Part 2 Enter the name of the disabled resident

<table>
<thead>
<tr>
<th>Title</th>
<th>Forename</th>
<th>Surname</th>
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Part 3 Please state the nature of the disability of the person named in Part 2


Part 4 Grounds for application

A. Is a wheelchair used indoors by the disabled resident?  Yes/No

B. Is there a second bathroom or second kitchen required for meeting the needs of the disabled resident?  Yes/No

C. Is there a room predominantly used by and required for meeting the needs of the disabled resident? (Not a bathroom or kitchen).  Yes/No

If you have answered yes to B or C, please state the type of room and in the space below give a brief description of how it meets the needs of the disabled person:


Part 5 Declaration

I confirm that the information given on this form is accurate to the best of my knowledge and belief.

The Council must protect the public funds it handles so it may use the information you have provided on this form to prevent and detect fraud. It may also share this information for the same purposes with other organisations which handle public funds.

Name:  Signature:

Date:  Daytime Telephone Number: