COUNCIL TAX

Application for Disabled Relief

Please complete this form in BLOCK CAPITALS

Disabled Persons Name & Address: ........................................................................................................................................
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GROUNDS FOR APPLICATION

(1) Is there a room predominantly used by and required for meeting the needs of the disabled person?  □ Yes □ No

(2) Is there a second bathroom or kitchen required for meeting the needs of the disabled person? □ Yes □ No

(3) Is a wheelchair used indoors by the disabled person? □ Yes □ No

A formal inspection of the property may be carried out to confirm the grounds for application and it would assist if a day
time telephone number could be given so that an appointment can be made.  

Tel. No.: ..........................................

DOCTOR’S CONFIRMATION

Confirmation from a doctor or other qualified professional may be required to confirm the above facility is essential or of
major importance to the well being of the disabled resident because of the nature and extent of his disability.

Please complete your doctor’s name and address. In so doing you are authorising the Council to seek confirmation from
your doctor of the information given.

Doctor’s Name: ...............................................................................................................................................................
Doctor’s Surgery/Hospital Address: ..................................................................................................................................
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I declare that the above information is correct. I understand that the information may be held on computer and is
covered by the Data Protection Act 1998.

Applicant’s Signature: .......................................................... Date: ..........................................................
Full Name: .................................................................................................................................................................
Address: .......................................................................................................................................................................
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