**DISAB01**

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| COUNCIL TAX |
| DISABLED BANDING APPLICATION FORM |

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| ISSUED BY: |  | DATE: | [ | REF: |  |

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| Data Protection – We are asking for the following information in accordance with the provisions of the Local Government Finance Act 1992 and Council Tax (Administration and Enforcement) (Scotland) Regulations 1992. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes.  This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, contact council tax on 01475 712961 or see [www.inverclyde.gov.uk/council-and-government/national-fraud-initiative](http://www.inverclyde.gov.uk/council-and-government/national-fraud-initiative)  We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to. For further information see [www.Inverclyde.gov.uk](http://www.Inverclyde.gov.uk) |

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| In terms of The Council Tax (Reductions for Disabilities) (Scotland) Regulations 1992 if your property is the permanent home of a substantially and permanently disabled person and it has certain features which are essential for the disabled person’s wellbeing, you may be entitled to a reduction in the amount you have to pay. The reduction is applied by reducing the band your property is currently in to the band immediately below that, for example if your property is in band B it will be reduced to band A. From 1st April 2000 you can get a reduction if your property is in band A. |

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| Details of the Person Making the Claim |

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|  | Title |  | Forename(s) |  | | Surname |  | | |
|  | Your Address | |  | | | | | | |
|  |  | | | | | | | Postcode |  |
|  | Daytime Telephone Number | | | |  | | |  |  |
|  | E-mail Address | | | |  | | | |  |
|  | Council Tax Reference Number *(if known)* | | | |  | | | |  |

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| Details of the Disabled Person |

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|  | Name of disabled person |  | | |
|  | Brief description of the nature of the disability | |  | |
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|  | Date disabled person moved into the property | | |  |
|  | Date you are claiming Disabled Band Reduction from | | |  |

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| Information about the Facilities Required for Meeting the Disabled Person’s Needs |

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| **Do any of the following exist within the property?** | | |
|  | An additional bathroom or kitchen which is essential to meet the needs of the disabled person. | YES/NO |
|  | A room, other than a bathroom, kitchen or lavatory, which is essential for, and mainly used by the disabled person, e.g. a treatment room. | YES\*/NO |
|  | \*PLEASE GIVE DETAILS OF THE ROOM AND ITS USE: |  |
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|  | Sufficient floor space to allow the essential use of a wheelchair inside the property, e.g. doorways widened. | YES/NO |

**PLEASE NOTE THAT A REPRESENTATIVE OF INVERCLYDE COUNCIL MAY REQUIRE TO INSPECT THE PROPERTY IN ORDER TO PROCESS THIS APPLICATION.**

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| Doctor’s Certificate |

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| The information detailed in this application is/is not an accurate description of the disability suffered by the disabled person mentioned on this form and in my opinion the facilities listed are/are not required for meeting the needs of the disabled person mentioned, taking into account the nature and extent of their disability. | | | | |
| DOCTOR’S SIGNATURE |  |  |  | DOCTOR’S STAMP |
| DATE |  |  |  |
| SURGERY ADDRESS |  |  |  |
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| Declaration by Applicant |

The information I have given is true and accurate and I undertake to inform you immediately if the disabled person ceases to reside in this property, ceases to use the facilities or the facilities cease to exist.

I understand that if I give false information I may be liable for a fine of up to £200. I understand that a representative of Inverclyde Council may inspect the property at any time during the period of the claim.

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| Signed |  | Date |  |

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| **All communications to be addressed to Revenues Services, Inverclyde Council, P O Box 9467, Greenock. PA15 1JD** | | |
| **Telephone Number: 01475-712961** | | |
|  | **E-Mail:** [**council.tax@inverclyde.gov.uk**](mailto:council.tax@inverclyde.gov.uk) | **Website: www.inverclyde.gov.uk** |