

COUNCIL TAX DISCOUNT

Income and Awards
PO Box 1761
Solihull
West Midlands B91 9RR

Help line number: 0121 704 8100
Email: council.tax@solihull.gov.uk



Your name and address (including postcode):

Council Tax Account no:

Date:

APPLICATION FOR A COUNCIL TAX DISCOUNT (DISABLED PEOPLE)

Please complete this form in CAPITAL LETTERS and black ink

WHAT IS A DISABLED PERSON'S REDUCTION?

If a disabled person lives in your property and your property has certain features which are important to their well being, we may be able to reduce your Council Tax bill. This is known as a disabled person's reduction. The reduction means that we will charge your Council Tax at one valuation band lower than the actual band your property is in.

If your band is in 'Band A', the reduction will be one ninth of the charge for a property in 'Band D'.

WHEN WILL I RECEIVE A DISABLED PERSON'S REDUCTION?

The property must be the only or main home of someone who is substantially and permanently disabled for us to give a reduction and your property must have one or more of the following features.

- A room other than a bathroom, kitchen or a lavatory which is mainly used by the disabled person and is necessary to meet their needs.
- Or, an extra bathroom or kitchen to meet their needs.
- Or, enough space inside the property which allows them to use a wheelchair.
The disabled person must need to use their wheelchair indoors.

PLEASE USE THIS FORM IF YOU THINK WE SHOULD GIVE YOU A REDUCTION BECAUSE YOU ARE, OR SOMEONE WHO LIVES WITH YOU, IS DISABLED.

SECTION 1 THE DISABLED PERSON

YOU MUST FILL IN THIS SECTION

The person who is responsible for paying Council Tax should fill in this form. If you are filling in this form for them please give us your full name in the box below.

Name of person filling in the form:

Name of Council Tax Payer:

Give the full name of the disabled person:

Mr

Mrs

Miss

Ms

First names:

Surname:

How long has the person lived in this property? (Please provide the exact date)

Please give the date the disability began:

Please give details of the nature of the disability:

Is the person registered blind:

YES

NO

SECTION 2 PROPERTY DETAILS

You must fill in this section (please tick which applies)

A room mainly used by and necessary for meeting the needs of the disabled person other than a bathroom, kitchen or lavatory.

YES

NO

If you have ticked 'Yes', please give the details of the room and what it is used for:

An extra bathroom to meet the needs of the disabled person.

YES

NO

An extra kitchen to meet the needs of the disabled person.

YES

NO

Is there enough space inside the property which allows a wheelchair to be used indoors?

YES

NO

Does the disabled person need to use the wheelchair indoors?

YES

NO

If the facility has been built or installed after April 1 1993, please write the date the facility was built or installed:

SECTION 3 CHANGES AND REVIEWS

PLEASE READ THIS SECTION

If your claim for a disabled person's reduction is successful and we reduce your Council Tax, by law you must tell us about:

- Any change in your circumstances;
- Any change in the circumstances of the disabled person;
- If the disabled person moves house; and
- If the special facilities are removed or no longer needed.

We will also send you a review form each year which you should fill in and return.

SECTION 4 DECLARATION

You must fill in this section (please tick which applies)

I am the applicant named on this form.

YES

NO

I am applying for the applicant named on this form

YES

NO

The information and any supporting evidence I have given on this form is true and complete. I will tell you about any change in circumstances within 21 days which may affect this application for a discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.

Your signature:

Date:

We will need to visit your property. We would like to contact you to agree a convenient time for an officer to visit you. It would be helpful if you can give a phone number where we can contact you.

Phone number (Please provide your phone number if you prefer to be contacted by phone):

Email address (Please provide your e-mail address if you prefer to be contacted by e-mail):

RETURN COMPLETED FORMS TO:

SOLIHULL MBC, INCOME AND AWARDS PO BOX 1761, SOLIHULL, WEST MIDLANDS, B91 9RR

SECTION 5 DATA PROTECTION - FAIR PROCESSING NOTICE

We use the information you provide to work out your Council Tax and to assess entitlement to any reductions, discounts or exemptions applied for.

We may pass this information on to other organisations to confirm details, to protect public funds, prevent and detect fraud and crime or as required by law. We may also share it with other Council services and partner organisations to make sure our records are accurate and to help us identify services you may be entitled to or be interested in (such as free school meals, other benefits, grants and entitlements towards disability, support and care services).

Partner organisations include government departments (such as the Department for Work and Pensions, HM Revenue & Customs and the Home Office), other Councils and private sector organisations such as banks, credit reference agencies and organisations that lend money.

For further information please refer to the Council's Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk