

## COUNCIL TAX DISABLED REDUCTION FORM

**Please complete this form and return it to the Copeland Centre address above.**

### 1. APPLICANTS DETAILS (The applicant must be the Council Tax payer)

Full Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### 2. DISABLED PERSON'S DETAILS

The disabled person must live in the property for which the reduction is being claimed.

Full name of disabled person: \_\_\_\_\_

Is the disabled person substantially and permanently disabled? YES  NO

Please give a brief description of disability: \_\_\_\_\_  
\_\_\_\_\_

Registered disabled number (if any) \_\_\_\_\_

Is the disabled person blind? YES  NO

### 3. REASON FOR APPLICATION

	TICK IF YES	TICK IF NO
1. A second bathroom/kitchen, which is required for meeting the needs of the disabled person.		
2. The use of a wheelchair needed indoors by the disabled person.		
3. A room other than bathroom, kitchen, or toilet, which is mainly used for the treatment or care of the disabled person because of the nature or extent of the disability.		

If you have answered 'yes' to no.3 please give a brief description of the room used.

\_\_\_\_\_  
\_\_\_\_\_

**4. DOES THE DISABLED PERSON HAVE A SOCIAL WORKER OR CARER?**

If yes, please provide a name and contact number in case we need clarification for some of the details provided.

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**5. DECLARATION**

**I declare that the information given in support of this application is true to the best of my knowledge. Should the application prove successful I undertake to inform the Council immediately if I believe that I am no longer entitled to the reduction. I authorise any enquiry, which may be necessary in order to verify the information provided.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: The Council will need to contact you further to inspect the property before determining this application.