**Application for reduction in Council Tax in respect of facilities for a person with a disability.**

**Please answer every question carefully.**

1. Name of the Council Tax Payer

2. Address:

3. Council Tax Reference (if known):

4. Name of the person with a disability:

Nature of the disability:

5. Is there more than one bathroom or kitchen in the property (please tick)?

More than one bathroom: **Yes**: **No:**

More than one kitchen: **Yes:** **No:**

6. Is there another room (not a bathroom, kitchen or lavatory) predominantly used (whether for providing therapy or

otherwise) by and required for meeting the needs of the person who is disabled?

**Yes**: **No:**

7. If you have answered Yes to question 5 or 6, provide here a full description of why the facility (extra bathroom, extra kitchen or other room) is required for meeting the needs of the person who has a disability. Give as much detail as possible: (attach an additional sheet if necessary).

8. Is a wheelchair used indoors by the person with a disability? **Yes:** **No:**

Now complete the declaration below and return the application to: **the Head of Revenues, Council Tax Section, PO Box 34750, London N7 9WF.**

I declare that the details given above are correct to the best of my knowledge.

**Signed**: **Dated**:

Daytime telephone number, if available:

(You do not have to provide this, but it may be helpful.)

**Warning:** Giving false information may result in prosecution

**Fair Processing Notice**

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