

# APPLICATION FOR DISABLED RELIEF



Corporate Services  
Town Hall  
Peterborough  
PE1 1HG

DX12310 Peterborough 1  
Tel.: 01733 563141

## **INFORMATION TO ASSIST IN COMPLETION OF APPLICATION FORM.**

Applications for disabled relief if he/she is liable to pay the Council Tax for the property and:-

### **1. PERSONS WHO CAN CLAIM DISABLED RELIEF**

A person may claim Disabled Relief if he/she is liable to pay the Council Tax for the property and:-

- (a) it is the sole or main residence of at least one qualifying individual; and
- (b) in which there is provided one or more of the facilities described in Section 2 below.

Where more than one person is jointly liable to pay the Council Tax, either party may claim Disabled Relief on the other person's behalf.

### **2. TERMS AND PHRASES USED**

#### **2.1 "Qualifying Individual"**

A qualifying individual means a person who is substantially and permanently disabled by illness, injury, congenital deformity or otherwise.

#### **2.2 "Required for meeting the needs"**

With regards to the facilities described in question 2 below, a facility which is required for meeting the needs of a qualifying individual is one which is essential or of major importance to the wellbeing of the disabled person by reason of the nature and extent of his/her disability.

For the purposes of this application a wheelchair is not required for meeting an individual's needs if he/she does not need to use it within the property.

#### **2.3 "Provision of information"**

The Director of Corporate Services of the City Council may ask you to supply further information in support of your claim.

#### **2.4 "Changes of circumstances"**

If circumstances change, so that you believe you are no longer eligible for disabled relief, you must notify the Director of Corporate Services of the City Council

FULL NAME OF  
APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(NORMALLY THIS WILL BE THE PERSON WHO WILL BE PAYING THE COUNCIL TAX)

PROPERTY  
REFERENCE: \_\_\_\_\_

ADDRESS OF DISABLED PERSON IF DIFFERENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 1. DETAILS OF DISABLED PERSON

FULL NAME OF DISABLED PERSON: MR/MRS/MISS/MS \_\_\_\_\_

\_\_\_\_\_

IS THIS PERSON REGISTERED DISABLED? \_\_\_\_\_

DISABLED REGISTRATION No. IF KNOWN: \_\_\_\_\_

NATURE OF DISABILITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF DISABILITY COMMENCED WITHIN LAST TWELVE MONTHS, PLEASE GIVE DATE:

\_\_\_\_\_

## 2. QUALIFYING CONDITIONS

ARE ANY OF THE FOLLOWING PROVIDED IN YOUR PROPERTY:-

ONLY ANSWER YES IF THE FACILITY IS REQUIRED FOR MEETING THE NEEDS OF ANY QUALIFYING INDIVIDUAL:

(i) A room, not being a bathroom, kitchen or lavatory, which is predominantly used by the disabled person. NOTE: A room can be included if it is used for providing therapy or otherwise.  
**YES/NO**

(ii) An additional bathroom or kitchen.  
**YES/NO**

(iii) Sufficient floor space to permit the use of a wheelchair.  
**YES/NO**

IF THE ANSWER TO (i), (ii) OR (iii) ABOVE IS YES, PLEASE GIVE THE DATE THE FACILITY WAS PROVIDED IF IT IS WITHIN THE LAST TWELVE MONTHS:

\_\_\_\_\_

## 3. DECLARATION BY APPLICANT

I DECLARE THAT THE INFORMATION I HAVE GIVEN IS TRUE AND I HAVE NO OBJECTIONS TO THE DIRECTOR OF CORPORATE SERVICES MAKING ENQUIRIES TO DETERMINE MY ENTITLEMENT TO DISABLED RELIEF.

I ALSO UNDERTAKE TO INFORM THE DIRECTOR OF CORPORATE SERVICES IF DURING THE PERIOD FOR WHICH THIS DISABLED RELIEF IS GRANTED THERE ARE ANY CHANGES IN CIRCUMSTANCES WHICH MAY AFFECT MY ENTITLEMENT TO DISABLED RELIEF.

It would be helpful if you could supply a telephone number in case we need to visit the property, however it is not compulsory to do so.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME IN PRINT \_\_\_\_\_ TEL. \_\_\_\_\_