Application for Disabled Person Relief

Data Protection: We are asking for the following information in accordance with provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and Data Protection Act 1998. 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. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

PLEASE READ THE NOTES OVERLEAF. THIS FORM SHOULD BE COMPLETED IN INK AND BLOCK CAPITALS.

1. Disabled Persons Full Name

2. Address of property for which relief being claimed

3a. Is the disability permanent (Yes/No)  
3b. Date disability commenced

3c. Nature of Disability

4a. Is there a room (not a kitchen, bathroom or lavatory) which is predominately used by, and is required to meet the needs of the disabled person? (Yes/No)  
If so, please give details of room and the nature of its use

4b. Is there more than one bathroom or kitchen within the property and the additional bathroom or kitchen is required to meet the needs of the disabled person? (Yes/No)

4c. Is there sufficient floor space provided to permit the use of a wheelchair that is required to meet the needs of the disabled person and is used within the property? (Yes/No)

4d. If you answered Yes for question 4c please enter the date property was adapted for wheelchair use
Declaration
I declare that to the best of my knowledge the information given on this form is true and correct.
I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud.
I understand that enquiries may be made to verify the information given, and that this may include inspection of the property.
If awarded a disabled person’s reduction, I undertake to inform you of any change in circumstances affecting the amount of Council Tax payable.

Signature __________________________ Date ________________

NOTES

1 The person liable to pay Council Tax on the property should sign and date this form.

2 If a disabled person lives in the property then, providing certain conditions are met, a “disabled person’s reduction” will be applied. This means that the Council Tax bill is calculated as if the dwelling was in the next lowest valuation band.

3. The property must be the “sole or main residence” of the disabled person. This means that the property must be the disabled person’s main or only home.

4 The disabled person must be “substantially and permanently disabled”. This can be due to illness, congenital deformity or any other reason. If the disability is not permanent, no reduction will apply.

5 In addition, one or more of the conditions shown in 4a, 4b or 4c overleaf must apply. The term “meeting the needs of the disabled person” means that it is essential, or of major importance to, the disabled person’s well being because of the nature or extent of his or her disability. A wheelchair is not required to meet the disable person's needs if he or she does not use it in the property.

6 Failure to complete and return this form could delay the award of a disabled person’s reduction.

7 Please return this form to:

   The Director of Health and Social Care
   Midlothian Council
   PO Box 12956
   DALKEITH
   EH22 1YB