



# Bedford Borough Council

LOCAL TAXATION OFFICE

Borough Hall, Cauldwell Street, Bedford MK42 9AP

Telephone Bedford (01234) 718097

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For Office Use					LDISABLED		
UPRN							
PIN							

## COUNCIL TAX REDUCTION APPLICATION DISABLED PERSON

Please read the notes overleaf before completing this form.

To apply for a reduction in respect of a disabled person, please complete this form using CAPITAL LETTERS and then return it to the Council.

<b>A</b>	<b>Full name and address of APPLICANT (Only people who are liable to pay Council Tax can apply for a reduction).</b>
Name:	
Address:	

<b>B</b>	<b>Full name and address of DISABLED PERSON (If not the Applicant)</b>
Name:	
Address:	

<b>C</b>	<b>REASONS FOR APPLICATION</b>	
Is there a room (other than Bathroom, Kitchen or Toilet) which is predominantly used by and required for meeting the needs of, the disabled person?	<b>YES / NO</b>	
Is there an additional bathroom or an additional kitchen required for meeting the needs of the disabled person?	<b>YES / NO</b>	
Is there a wheelchair used indoors by the disabled person?	<b>YES / NO</b>	

<b>D</b>	<b>Declaration</b>
<p>As far as I know all the information I have given is accurate and true.  I authorise the Local Taxation Office to make any enquiries necessary to verify the information given. I undertake to notify the Local Taxation Office of any change in circumstances which may affect any reduction granted in respect of this application. I understand that failure to notify the Local Taxation Office that the reduction should not apply within 21 days of so believing may result in a penalty being incurred by me.  I understand the Council may wish to inspect the feature or facility in respect of which relief is claimed.</p> <p>Your Signature ..... Date .....</p> <p>Daytime Telephone No ..... Email.....</p> <p>(You do not have to give a telephone number or email but if would helpful if you did in case we need to contact you).</p>	

### DATA PROTECTION

Personal information held for Council Tax purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers, the Council may use information provided for Council Tax purposes within this Authority for data matching purposes. It may also data match information provided for Council Tax purposes with other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud.

Continued overleaf.....

**Note 1**

The Council Tax bill may be reduced if your home has certain features which are essential, or of major importance, to the well-being of a person with a disability, whether an adult or child, who is resident in the dwelling. These features are:

- a room other than a bathroom, kitchen or toilet which is used mainly by the person with the disability. For example, you might get a reduction if you have an extension or an extra room used for storing dialysis equipment.
- an additional bathroom or an additional kitchen for the use of the person with the disability;
- extra space inside the dwelling to allow for the use of a wheelchair.

When considering whether a reduction should apply, the Council will have to decide whether the person with the disability would find it impossible or extremely difficult to live in the dwelling, or his or her health would suffer, or the disability would become more severe, if the extra feature were not available in the dwelling. To qualify for a reduction, the extra room need not be specially built, but could be an existing room used specifically for the person with the disability.

So that households do not face higher Council Tax bills than they otherwise would because of the special needs of a person with a disability, there will be a one-band reduction in their bills. If your home is eligible, your bill will be reduced to that of a property in the valuation band immediately below the band shown on the valuation list. For example, if your home is in band D, your bill will be reduced to that for a band C dwelling. This will not, however, affect the value of your home or its banding on the valuation list. In this example, it would still be shown as band D on the valuation list. If your home is in Band A, the reduction will be 1/9th of Band D.

Any special fixtures designed to make your home suitable for a person with a physical disability, which add to its value, should have been disregarded when the Valuation Officer valued the property. This means that your home would have been valued as if the special fixtures were not there, so that your home is not placed in a higher band because of them. If your home has special fixtures which reduce its value, they should be taken into account in deciding which valuation band your home should be in. This means that where your home is of a lower value because of the fixtures, it may be placed in a lower valuation band than it would otherwise have been. If the fixtures are internal, or if you do not think they have been taken into account, you should contact the Valuation Officer of HM Revenue & Customs at Ground Floor Ferrers House, Castle Meadow Road, Nottingham NG2 1AB (Telephone 03000 501501)

**Note 2**

It will help in the consideration of this application if the applicant can get the certificate below completed by a doctor, or other qualified professional such as an occupational therapist or social worker, confirming that the disabled resident needs the extra space or room as stated in section C.

If, for any reason, you are unable to obtain such confirmation easily, then do not delay your application if you believe you are eligible for a reduction. However, we may subsequently need to ask for evidence in support of your application.

**CERTIFICATE BY DOCTOR OR OTHER QUALIFIED PROFESSIONAL**

I .....(insert name in CAPITAL LETTERS) confirm that the extra space or room as stated in Section C is essential or of major importance to the well being of .....  
..... (insert name of disabled person) by reason of the nature and extent of his/her disability.

Signed .....Date.....

Capacity in which signed e.g. Doctor .....

Address .....