

Explanatory Leaflet for Disabled Persons Reduction

Who May Apply

If you are disabled, or you have someone disabled living with you, a reduction in your Council Tax banding may be applicable, if the criteria laid down in Council Tax legislation is met.

You may apply for a band reduction if:

- You are liable to pay the Council Tax **and**
- A disabled child or adult lives at the property **and**

The property has either:

- A room, other than a bathroom, kitchen or toilet **or**
- A second bathroom(which must have a shower or bath)
- A separate kitchen
- Sufficient floor space to allow the use of a wheelchair needed permanently by the disabled person.
- And the above feature is used by and is of essential or major importance to the wellbeing of the disabled person.

- **What is meant by essential or major importance?**

The room or extra feature will be considered to be essential or of major importance if, was it not available, the disabled person would find it physically impossible or extremely difficult to live in the property, or their health would suffer or the disability would become worse. The room or space involved must be needed by the disabled person as a result of their disability, such that it would not be needed if they did not have the disability.

- **What is meant by predominantly used by?**

The fact that a disabled person uses a room will not, on its own, lead to a band reduction being granted. The room has to be especially to meet the needs of the disabled person. The room can either be an existing room or an additional room.

- **What you need to do?**

If you think you may be entitled to a reduction, you need to complete this application form. It may also be necessary to visit your property.

Here are some examples of what would and would not be considered for a band reduction:

What Would Be Considered:	What Would Not Be Considered:
1. A specially adapted bedroom e.g. which contains a hospital bed, medical equipment, a lift or sink.	1a. A couple, one of whom is disabled, live in a two bedroomed property who decide to sleep in separate rooms because of the disability. Unless the bedroom has been specifically adapted to meet the needs of the disabled person, no reduction would be allowed. Unless the criteria mentioned in section 1 are met.
2. A specially built therapy treatment room.	2a. A room which could be used for another purpose. e.g. removable gym equipment.
3. A room used to store equipment for dialysis treatment	3a. A person living in a purpose-built disabled property would not necessarily qualify for the reduction because, although the property may have been adapted to meet the needs of the disabled generally, they will not qualify unless it has been adapted to meet the SPECIFIC needs of the individual living there.

Other considerations

- A second bathroom (which must have a shower or bath) or kitchen has to be essential to the needs of the disabled person. The fact that there is one in the property anyway, will not automatically qualify for the reduction.
- A reduction in relation to wheelchair space will normally only be granted where the disabled person needs to use the wheelchair as their only means of getting around the property, if a person only uses a wheelchair out of doors, a reduction would not be applicable.

Other Information

In some cases it is not always possible to be certain that a feature is essential or of major importance to a disabled person's wellbeing, so, it would be helpful if you could get the disabled persons GP to confirm that in their opinion, the feature is essential or of major importance. This will not automatically entitle you to a reduction, but will help to speed up the process.

The Reduction

If the qualifying criteria are met the property will be placed in the Valuation Band immediately below that to which it was originally allocated for example "B" to "A". It is still possible to receive a Disabled Person Reduction if you reside in a Band "A" property. If you qualify for the reduction you will be issued with a replacement Council Tax bill showing the reduced sum due. If the claim is unsuccessful or we require further information we will telephone or write to you.

Review of the Reduction

The reduction will continue year on year, providing the qualifying criteria are being met. However, North Ayrshire Council will conduct a review of the circumstances each year by sending out a review form which will be sent out to you. This should be completed and returned by the date shown on the form. Failure to do this may result in the reduction being cancelled. It may also be necessary to arrange a review visit to the property. If at any time you believe the reduction no longer applies then you must contact the Council immediately.

Do you need Help with this Form?

If you have any questions regarding this application please telephone **0845 603 0592** from 08.30am to 05.30pm Monday to Friday. You can also visit the public enquiry desk on the ground floor, Cunninghame House, Irvine from 09.00am to 04.45pm Monday and Tuesday, 10.15am to 04.45pm on Wednesday, 09.00am to 04.45pm on Thursday and 09.00am to 04.30pm on a Friday or use the Contact Us facility on the Councils Website.

What do you think?

We value the opinions of our customers. This form has been designed to be in plain, jargon free language however, if you find any of the sections difficult to understand or complete please let us know by completing the suggestion box at the end of the form.

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Council Tax Reference No.	
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- > **Please supply the following telephone numbers and e-mail address in case we need to contact you regarding this application.**

Daytime Telephone No.	
Evening Telephone No	
E-mail address	

- > **To be completed by the person liable for Council Tax**

What is your full name?	
What is your full postal address including postcode?	
What is your address for correspondence? (if different from above)	

Section 1 : Information Regarding Disabled Person

What is the disabled persons full name?	
What is their date of birth? (applies to under 18 only)	
Please describe the nature of the disability.	

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Section 2 : Facilities to meet the needs of a disabled person

Do any of the following exist within the property?	Yes or No	If Yes, Date installed
<p>A room (other than a bathroom, kitchen, or toilet) which is used predominantly by a disabled person, and required for meeting their needs?</p> <p>If you answer YES to this question, please also complete Section 3.</p>		
<p>An additional bathroom(which must have a bath or shower), required for meeting the needs of the disabled person?</p> <p>If you answer YES to this question, please also complete Section 4.</p>		
<p>An additional kitchen, required for meeting the needs of the disabled person?</p> <p>If you answer YES to this question, please also complete Section 5.</p>		
<p>The use of a wheelchair, by the disabled person, inside the house?</p>		

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Section 3 : Information regarding the room predominantly used to meet the needs of the disabled person

Where is the room located in your home?
(example – upstairs / downstairs)

What is the room predominantly used for?

How long is this room used by the disabled person
per day ?
(hours & minutes)

What type of equipment is used in the room to meet the needs of the disabled person?
(please list all items below).

Who else in the household uses the room and for what purpose? (please list below)

How long is the room used by non disabled people
per day?

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Section 4 : Information regarding the bathroom required to meet the needs of the disabled person

How many bathrooms does your house have?	
Is one of these used to meet the needs of the disabled person?	YES <input type="checkbox"/> (please tick) NO <input type="checkbox"/>
Was the bathroom used by the disabled person part of the original building? If no, please confirm when the bathroom used by the disabled person was constructed?	YES <input type="checkbox"/> (please tick) NO <input type="checkbox"/> Date -
Does the bathroom used by the disabled person contain any of the following facilities (please tick all that apply).	<input type="checkbox"/> Bath <input type="checkbox"/> Shower <input type="checkbox"/> Toilet <input type="checkbox"/> Wash Hand Basin
Is there any special or essential equipment in the disabled person's bathroom to help meet their needs? (please list below)	
Please explain why you think the extra bathroom is essential or of major importance to the disabled person?	

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Section 5 : Information regarding the kitchen required to meet the needs of the disabled person

How many kitchens does your house have?	
Is one of these used to meet the needs of the disabled person?	YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick)
Was the kitchen used by the disabled person part of the original building? If no, please confirm when the kitchen used by the disabled person was constructed?	YES <input type="checkbox"/> NO <input type="checkbox"/> (please tick) Date -
Does the kitchen used by the disabled person contain any of the following facilities (please tick all that apply).	<input type="checkbox"/> Cooker <input type="checkbox"/> Sink <input type="checkbox"/> Washing Machine <input type="checkbox"/> Storage cupboards
Is there any special or essential equipment in the disabled person's kitchen to help meet their needs? (please list below)	
Please explain why you think the extra kitchen is essential or of major importance to the disabled person?	

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Doctor's Details

Doctor's Name	
Surgery Address	

If at all possible, ask the disabled person's Doctor to complete the certificate overleaf.

If you are unable to do this, return this form with the name and surgery address entered above in order that I can obtain the necessary certification.

Your application may be dealt with more speedily if you are able to arrange completion of the Doctor's Certificate. The Doctor may charge you for this service.

Doctor's Certificate

I hereby certify that the information provided in this application **is / is not** an accurate description of the disability suffered by the disabled person named on this form.

In my opinion the facilities listed in this application **are / are not** required for meeting the needs of the disabled person named on this form taking account of the nature and extent of their disability.

Doctor's Signature	
Date	

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Declaration

I declare that the information I have given in this form is correct and complete and I agree to notify you immediately of any changes that might affect my council tax.

I understand that the deliberate provision of false information in order to achieve financial gain is a Criminal Offence and you may check the information with other sources as allowed by the law.

I understand that any information I have provided will be used in the administration of my council tax account. You may give information to other parties if the law allows this.

Signature of liable person	
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Date	
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Office Use Only

Date Issued:		
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Date Received:		
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Visited On:		
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Original Band:		
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New Band:		
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Visited By:		
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Authorised / Refused by:		
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System Updated By:		
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Decision Letter sent on:		
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What do you think?

Was the form easy to complete?	Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered No please give details:
Was the form easy to understand?	Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered No please give details:
Was there any information not included on the form which you would like to see included?	
Do you have any suggestions on how the form could be improved?	