Mansfield District Council

Your Name	When calling or phoning please ask for
Your Address	Council Tax Team: 01623 463463
	Reference Number:

COUNCIL TAX DISABLEMENT RELIEF APPLICATION FORM
DISABLED/BLIND PERSON

NAME (if different from above) ……..……

TELEPHONE NUMBER ……..

EMAIL ADDRESS ……..

NATURE OF DISABILITY…….……..……

Please complete this form if you wish to claim the above reduction for either yourself or another member of your household. Only people who are liable to pay the council tax can apply for a reduction.

The disabled/ blind person must be living in the property for which the reduction is being requested.

REASONS FOR APPLICATION
Is there:

(i) A room which is not a bathroom, a kitchen or a lavatory which is predominantly used by and required for meeting the needs of the disabled/blind person? YES/NO

(ii) A second bathroom or kitchen required for meeting the needs of the disabled/blind person? YES/NO

(iii) A wheelchair used indoors by the disabled/blind person? YES/NO

How many people aged 18 or over currently live in the property? ☐

DECLARATION: The information given on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

SIGNED:	FULL NAME:	DATE:

An officer of the Council may call on you to verify the above part

Please turn over

NOTES

In assessing this application the Council will need to be satisfied,

(a) That there is a disabled/blind resident who needs either space for a wheelchair to be used inside the home, or a special or additional kitchen, bathroom or other room: and

(b) That this space or room is essential or of major importance to the wellbeing of the disabled/blind resident because of the nature and extent of his/her disability.

It will help in the consideration of this application if the applicant can supply a note from 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 overleaf.

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. The certificate below may be used for this purpose.

CERTIFICATE OF DISABLITY

This is to certify that in my opinion ……..
(name of Disabled Person) is a disabled/blind* person in need of the facility/facilities for which relief is being sought.

***For the purpose of the Council Tax Regulations, a disabled person is someone who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).**

Signed……

Occupation/Profession…….……..…..

Date……..

This form should be returned to:

Mansfield District Council
Civic Centre
Chesterfield Road South
Mansfield
Notts
NG19 7BH

Privacy Notice: We will use the information provided by you for Council Tax, Housing Benefit and Council Tax Reduction Scheme purposes. The basis under which the Council uses personal data for this purpose is Public Task. The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at www.mansfield.uk/Privacy

The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection (DPO) can be found on the Council's detailed privacy notice which can be found at www.mansfield.gov.uk/Privacy on the Council's website or requesting a copy by writing to the Data Protection Officer, Mansfield District Council, Chesterfield Road South, Mansfield, Notts, NG19 7BH.