



Application for Disability Reduction

Website: www.somerset.gov.uk/counciltax

Email: council.tax2@somerset.gov.uk

Telephone: 0300 123 2224

Council Tax Reference:	
Full Name:	
Address:	
Telephone Number:	
Email Address:	

Disabled Person/s (the person must be living in the dwelling for which the reduction is being sought)

Full Name:	
Nature of Disability:	

	Yes (Tick)	No (Tick)
Does your home have a second bathroom/shower room or kitchen which is predominantly used by and required for meeting the needs of the above named person?		

If yes, please give details of why it is required?

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	Yes (Tick)	No (Tick)
Is there a room other than a bathroom or kitchen which is predominantly used by and required for meeting the needs of the above named person?		

If yes, please give details of which room and why it is required?

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	Yes (Tick)	No (Tick)
Does the disabled person use a wheelchair inside the home?		

Effective Date

The property requirements have applied since

Declaration

I declare that the information stated on this form is true and accurate to the best of my knowledge. Should the circumstances change, I will notify the Council within 21 days of the change.

Signature X _____

Date X _____

You must ask your Doctor to complete the section below confirming that the named person needs the extra space, room or uses a wheelchair indoors. If you prefer you could ask someone else, like a social worker or occupational therapist, to give the information.

Certificate of Doctor or other suitably qualified professional		
I certify that	<input type="text"/>	
is a person who is substantially and permanently disabled.		
Nature of Disability	<input type="text"/>	
because of this disability the facilities claimed overleaf are essential or of major importance to the well-being of the above person by reason of the nature and extent of their disability.		
Professional's name	<input type="text"/>	
Professional's Signature	<input type="text"/>	Date / /
Official Stamp	<input type="text"/>	
Please tick as appropriate		
Doctor <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>
Any other suitably qualified professional, please state profession		
<input type="text"/>		

Once the form has been signed by the suitably qualified professional, please return it to my office (address overleaf).

Guidance Notes

If you have a disability or live with someone who does (this includes children under 18) then you may be eligible for a Disability Band Reduction.

Your home must have at least one of the following facilities:

- An additional bathroom/shower room or kitchen which is used and required for meeting the needs of the person with the disability.
- A room other than a bathroom/shower room or kitchen which is predominantly used and required for meeting the needs of the person with the disability.
- Sufficient floor space to permit the use of a wheelchair.

Adaptations that don't usually qualify you for this reduction include (but aren't limited to):

- Stair lifts.
- Toilet without a shower and/or bath.
- General home adaptations e.g. grab rails, handrails etc.

We may need to visit your home to ensure that it meets with the above criteria. Should this be necessary you will be contacted so an appointment can be made.

Your bill

If the Council agrees that you qualify for a reduction under this scheme your bill will be reduced by one valuation band. For example, if your property is in a band 'C' your bill will be reduced to that of a property in a band 'B'

If your home is a band 'A' property, we will reduce your bill by one ninth of the band 'D' charge.

If you require any further help or details please contact the Revenues team on 03001232224