

**COUNCIL TAX – DISABLED PERSONS BANDING REDUCTION APPLICATION**

Accountholder's name	
Property address	

The Council Tax (Reductions for Disabilities) (Scotland) Regulations 1992

**A. EXPLANATORY NOTE – TO QUALIFY FOR A REDUCTION IN THE AMOUNT PAYABLE, YOU MUST SATISFY ALL OF THE FOLLOWING REQUIREMENTS:**

1. You or a member of your household, must be a disabled person within the meaning of the above Regulations. The disabled person may be an adult or a child. S/he need not be a person liable to pay the Council Tax on the dwelling. Section B of this form is used to identify whether such disability exists.
2. Facilities required for meeting the needs of the disabled person must exist within the property which is the sole or main residence of the disabled person. Section C of this form is used to identify whether such facilities exist.

**B. INFORMATION RELATIVE TO THE DISABLED PERSON.**

Name of the disabled person	
Please give details of the nature of the disability	

**C. INFORMATION ABOUT FACILITIES REQUIRED FOR MEETING THE NEEDS OF THE DISABLED PERSON.**

Do any of the following exist?	Please answer Yes or No to each question	If yes, please give the date of installation
An additional bathroom, required for meeting the disabled person's needs.	YES/NO	
An additional kitchen, required for meeting the disabled person's needs.	YES/NO	
The use of a wheelchair by the disabled person inside the house.	YES/NO	
A room, other than a bathroom, kitchen, or lavatory which is used predominantly (whether for providing therapy or otherwise) by the disabled person and required for meeting their needs. (If the answer to this question is no, ignore section D)	YES/NO	

**D. PLEASE GIVE DETAILS OF THE TYPE OF ROOM, AND ITS USE:**

**E. APPLICANTS CERTIFICATE.**

I declare that the information given on this application form is correct and I undertake to notify you immediately if the disabled person ceases to reside in the house, ceases to use the facilities, or the facilities cease to exist.

Date completed	Signature of applicant
Contact telephone number:	Contact email address:

Please provide as much information as possible to enable us to make a decision. In some cases we may need further evidence, but if this is the case we will contact you.