Application for Disabled Relief
Council Tax (Reduction for Disabilities) Regulations 1992

Only the Council Tax payer – the person responsible for paying the bill may apply.

Please read the Guidance Notes and complete the Application Form using BLOCK LETTERS.

If you need any help completing this form, please phone the Council Tax Office on 01507 601111.

Name and address of the applicant:

Grounds for Application

Please give a brief description of the disability: ..............................................................................................................................................
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The property has at least one of the following features: PLEASE TICK

a) A room predominantly used by the disabled person. Please provide a brief note of how the room is mainly used to meet the needs of the disabled person .................................................................
   (A room used as a bedroom or bedsitting room will not qualify.)
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b) A second bathroom or kitchen to meet the needs of the disabled person.................................................................
   (A second lavatory will not qualify.)

...c) Space for and use of wheelchair indoors.................................................................................................................................

Effective date of application: / / (When the above facilities were first used by the disabled person.)

We will probably need to visit you. Please provide a daytime telephone number and/or email address so that an appointment can be arranged.

Daytime telephone number: Email:

Declaration

I declare that the information on this form is, to the best of my knowledge, correct and complete. I agree to notify East Lindsey District Council of any change in circumstances which may affect a claim made on this form. I understand that information on this form will be processed in accordance with the law, in particular the Data Protection Act 1998. The information will only be used for Council purposes unless there is a legal authority to do otherwise.

Signature: Date:

Full name (BLOCK LETTERS):

If we require the Certificate overleaf to be completed before making a final decision, we will let you know.

WARNING: If you deliberately provide false information or fail to give prompt notification of a change of circumstances, you could be prosecuted or receive a financial penalty under the Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (England) Regulations 2013.
We will advise you if we require the certificate below to be completed before we make a final decision.

If there is a requirement, the certificate will need to be completed by a qualified medical practitioner such as a doctor, occupational therapist, health visitor or other professional.

Unfortunately, we cannot be responsible for any charge made to complete this certificate.

Certificate

In my opinion, the person named overleaf is:

   a) Substantially and permanently disabled, whether by illness, congenital deformity or otherwise.

AND

   b) Because of the disability, is in need of the special feature(s) in the home on which a reduction is claimed.  
      (Please see overleaf where a, b or c is ticked and sign to confirm effective date of application.)

Signature:

Capacity in which signed:

Name and address (and Surgery Stamp if appropriate):

Date:

Completed forms should be sent to:
Council Tax Office, PO Box 20, Manby Park, Louth, Lincolnshire LN11 8XN
Tel: 01507 601111  |  Email: local.tax@e-lindsey.gov.uk
www.e-lindsey.gov.uk

FOR OFFICIAL USE ONLY

Date visited:     /     /     Visiting officer name:           

Feature confirmed  □          Disabled person present  □

Sole / Main residence □          Permanently / Substantially disabled □

Additional notes: