



Council Tax
Blaby District Council
Council Offices, Desford Road
Narborough
Leicester, LE19 2EP

Tel: (0116) 2727530

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Application for a Band Reduction on Council Tax due to Disability(W)

Explanatory Notes and Guidance

If you or someone who lives in your property is disabled and certain adaptations have been made due to this disability you will qualify for a reduction in your Council Tax band provided that one or more of the following criteria is met:

- i. a room which is not a bathroom, a kitchen or a lavatory and which is predominantly used (whether for providing therapy or otherwise) by and is required for meeting the needs of any qualifying individual resident in the dwelling; or
- ii. a bathroom or kitchen which is not the only bathroom or kitchen within the dwelling and which is required for meeting the needs of any qualifying individual resident in the dwelling; or
- iii. sufficient floor space to permit the use of a wheelchair required for meeting the needs of any qualifying individual resident

If either i. or ii. apply further details should be supplied establish if the criteria has been met. In both of these circumstances the definition of being **“required for meeting the needs of a qualifying individual”** is defined as **“it being essential or of major importance to their well-being by reason of the nature and extent of their disability”**

If you meet the criteria and qualify for this reduction then your Council Tax charge will be reduced and you will pay at the band lower to the one your property valued at on the Valuation List. If you live in a band A property your bill will be reduced to 5/9th of a band D property.

Once your completed application has been received, you will be contacted by Blaby District Council to advise if you have been successful in your application. A visit from Blaby District Council's Property Inspector may be required in order to verify that the qualifying criteria has been met.

All sections of this form **must** be completed. **Please check that you meet the defined criteria before you complete this application form.**

Section A

Name(s) of Liable Person(s):

Name(s) of Person(s) application is being made in respect of:

Address of Property:

Post Code:

Contact telephone number:

Email address:

Section B

Grounds for Application:

Is there:

- i. a room which is not a bathroom, a kitchen or a lavatory and which is predominantly used (whether for providing therapy or otherwise) by and is required for meeting the needs of any qualifying individual resident in the dwelling.

Yes

No

Please provide further details: _____

Inspector Checked – Meets discount criteria?

Yes

No

Comments _____

ii.	a bathroom or kitchen which is not the only bathroom or kitchen within the dwelling and which is required for meeting the needs of any qualifying individual resident in the dwelling.	
Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>
Inspector Checked – Meets discount criteria?		
Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>
Comments _____		
iii.	sufficient floor space to permit the use of a wheelchair required for meeting the needs of any qualifying individual resident	
Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>
Inspector Checked – Meets discount criteria?		
Yes	<input type="checkbox"/>	No
		<input type="checkbox"/>
Comments _____		

Section C
Please state below the date the date that the qualifying criteria for the discount have been applicable: <div style="text-align: center; margin-top: 10px;"> _____ / _____ / _____ </div>
Section D
Declaration
I declare that the information given on this application is accurate and undertake to notify you immediately if the circumstances change.
Signature:
Name of Person Signing (Please Print):
Date:

Privacy Notice

The personal information you supply to Blaby District Council in this form will be processed in accordance with the General Data Protection Act (GDPR) and the Data Protection Act 2018. We may share this information with other council departments, local authorities, government departments, law enforcement organisations to improve service delivery or for the prevention or detection of crime and fraud where the law allows this. Further information on how we handle your personal information can be found at: www.blaby.gov.uk/data-protection

Customer's Additional Comments

Inspector's Additional Comments

OFFICE USE:

Date of Inspection:

Inspector's Name: