

Please quote: Council Tax/Disabled Band Reduction  
Your reference: As shown on your bill  
Date:  
Please ask for:  
Telephone direct: (01424) 451081  
E-mail: [counciltax@hastings.gov.uk](mailto:counciltax@hastings.gov.uk)  
Web: [www.hastings.gov.uk](http://www.hastings.gov.uk)



**Revenues and Benefits Service**  
Aquila House, Breeds Place  
Hastings, East Sussex  
PO Box 176  
TN34 1PY

## **COUNCIL TAX: REDUCTION FOR PEOPLE WITH DISABILITIES**

A reduction in your Council Tax may apply because your home is adapted for use by you or someone in your household, who is physically disabled.

Please note: From the 1 April 2000 this reduction also applies to properties which have a valuation band of 'A'.

In order that I may consider your application please complete the attached form and return it to me in the enclosed prepaid reply envelope, within the next 21 days.

Once your form has been returned one of my officers will contact you to make an appointment to visit you to confirm the details you have given.

If you have any query about the attached form, or require assistance to complete it, please do not hesitate to contact my office on the above number.

Yours sincerely,

Revenue Service Manager



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## COUNCIL TAX: REDUCTION FOR PEOPLE WITH DISABILITIES - CONDITIONS

To be eligible for a reduction the conditions below must apply:

1. Your property must be the home of one or more 'substantially and permanently' physically disabled people (adult or child).

2. Your property must provide one or more of the following:

a. A room, other than a bathroom, kitchen or lavatory which is used predominantly by the disabled person – eg. A room set aside for kidney dialysis treatment.

b. An additional bathroom or additional kitchen for meeting the disabled person's needs eg. One specifically adapted to accommodate wheelchair users.

c. Extra floor space for a disabled person to use a wheelchair and he or she requires the wheelchair for day-to-day living because of the nature and extent of their disability.

If you believe that the conditions apply please complete the claim form attached.



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## COUNCIL TAX: DISABLED BAND REDUCTION CLAIM FORM

Please quote your Council Tax Account Reference Number: .....

Please complete the following details so that your claim can be considered:

Are you making the claim in your own right ? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', please give the name of the disabled resident here:
Please give brief details of their / your physical disability:

Please tick the appropriate boxes below to indicate which of the following disabled facilities apply and give details where requested:

Is there a room predominantly used by and meeting your needs or those of the disabled resident ? Yes <input type="checkbox"/> No <input type="checkbox"/> IF 'Yes', please give details here:
Is there a <b>second</b> specially adapted bathroom or kitchen ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a wheelchair required and <b>used for the majority of the time</b> to meet the needs indoors by you / the disabled resident ? <input type="checkbox"/> No <input type="checkbox"/>

It will help in the consideration of this application if you can supply a note from a doctor, or other qualified professional such as an occupational therapist or social worker, confirming that the extra space or room mentioned above is needed by you / the disabled resident.

However, please do not delay in returning this form if you think you are eligible for a reduction, we will ask for further details / evidence at a later date if required.

Please give details of any disability benefits / allowances received by you or by the disabled person eg. Incapacity Benefit, Severe Disablement Allowance, Attendance Allowance, Disability Living or Working Allowances, Invalid Care Allowance, etc.
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Thank you for completing this application. Now please complete the declaration below:

Declaration: The information I have given on this form is correct. I undertake to notify you immediately if I believe I am no longer eligible for a reduction granted in respect of this application.	
Signed:	Date:
Daytime telephone number:	

Once all the above details have been completed, please return this form to me in the enclosed prepaid reply envelope. An officer will then contact you to make an appointment to visit you and a decision on your claim will be notified to you as soon as possible thereafter.

