

Please quote: CTAX/ DISABLED BAND CLAIM  
Your reference: As shown on your bill  
Date:  
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  
PO Box 176,  
Hastings,  
TN34 1PY

Dear Sir/Madam,

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

This is a reduction in your Council Tax 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 within the next 21 days **with sufficient proof from a medical practitioner**.

Once your form has been returned, a decision will be made as to whether your property qualifies for the reduction.

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 where a member of my staff will be pleased to help you.

Yours faithfully,

Revenue Service Manager

**my.hastings** .gov.uk *Save time, do it online!*



## 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 room, excluding a bathroom, kitchen or toilet, that is predominantly used by and required for meeting the needs of the disabled person – eg. a room set aside for storing dialysis equipment..
- An additional bathroom or additional kitchen provided for the person with the disability.
- Extra space created inside the dwelling to allow for the use of a permanent wheelchair user.

### **Frequently Asked Questions**

**Q: My property has been adapted with grab handles, rails and ramps. Does my property qualify?**

A. Unfortunately not. These adaptations only aid movement around your property and do not fall into one of the three categories above.

**Q: I have converted a downstairs room as a bedroom. Do I qualify?**

A: Yes, provided the use of that room as a bedroom prevents or changes the use and occupation of the room by the rest of the household. The reason for the change must have a causative link to the residents disability. E.g. a living room converted to a bedroom due to mobility problems, which can no longer be used as a living room by the rest of the household. If the room can still partially be used as a living room, it will not qualify.

**Q: Does the disabled person have to be the person whose name appears on the Council Tax bill?**

A: No, the disabled person can be a child, or a relative or friend. However, they must live permanently at the property.

**Q: I own a residential care home. Can I apply?**

A: Yes. If you have a permanently disabled person living in your residential care home you may apply. If that person leaves you would no longer qualify as the reduction is granted due to a disabled person living there, and not because the property is a residential care home.

**Q: My disabled son uses a wheelchair and sometimes stays with me; would I qualify for the reduction ?**

A: Unfortunately not. To qualify for reduction, the disabled person must be permanently residing at the address as their sole or main residence (i.e. their main home).

**Q: I have an en-suite bathroom, does this qualify as an extra bathroom?**

A: Yes, provided you have constructed it. If the en-suite was there prior to you moving in, this will not qualify as the property has not been adapted.

**Q: Can the Disabled Reduction be back-dated?**

A: Yes, provided you have sufficient proof to show this e.g. a builders invoice for the adaptations or a Doctors letter confirming when your medical needs changed.

**Q: What is classified as a medical practitioner?**

A: Your doctor, occupational therapist or social worker.

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

## COUNCIL TAX: DISABLED BAND REDUCTION CLAIM FORM

### 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  No   
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  No  If 'Yes', please give details here:

Is there a **second** specially adapted bathroom or kitchen ? Yes  No

Is a wheelchair required and **used for the majority of the time** to meet the needs indoors by you / the disabled resident ? Yes  No

**The reduction will only be granted if the above can be confirmed by a medical practitioner. Your form will need to be supplemented with a letter from your doctor, qualified professional such as an occupational therapist, or your social worker.**

**The letter needs to confirm why the extra space or room mentioned above is needed by you / the disabled resident, that you require the use of a wheelchair inside the property for the majority of movement, or that your second kitchen/bathroom is required in addition to the main bathroom. The letter should state the date these conditions first became applicable.**

**Additional bathroom or kitchen claims will need to also be supplemented with proof of the installation e.g. A builders invoice.**

Please give details of any disability benefits / allowances received by you or by the disabled person:

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 with sufficient proof from a medical practitioner. A decision will be made as to whether your property qualifies and you will be notified in writing of the outcome.