



Property No

Council Tax

Name
Address
.....
.....
..... Postcode

Reference Number
Issue Date
Return By Date

Application for Disabled Banding Reduction

Information

Council Tax regulations allow for a reduction where a property contains certain facilities to meet the need(s) of a disabled person. Where the criteria are met the Council Tax is charged as if your property had been placed in one band below that at which your property is currently valued. Band A properties may also qualify for a reduction.

The criteria are:

Disabled person: He or she must live in the property for which the reduction is requested and be substantially and permanently disabled. (By illness, injury, congenital deformity or otherwise). The disabled person can be under 18.

Property: This must be the disabled person's sole or main residence and must contain one of the following special features (these features must be essential or of major importance to the well being of the disabled person) -

1. A room which is not a bathroom, kitchen or lavatory and which is predominantly used for providing therapy or other such needs of the disabled person.
2. A second bathroom or kitchen within the property which is required to meet the needs of the disabled person.
3. The provision of sufficient floor space to permit the disabled person the use of a wheelchair within the property. A wheelchair must be actively used within the property by the disabled person.

Any application for Disabled Banding Reduction must be made by the person who is liable to pay the Council Tax for the property. If you wish to apply for a reduction, please complete this form in black ink and return it to the address detailed overleaf.

Information about Applicant (Person named on the Council Tax Bill)

Surname Forename(s) Title

Property address for which Disabled Banding Reduction is requested (if different from above)

.....

Full name of disabled person

Date of birth of disabled person

Nature of the disability

Your name and address if acting on behalf of the Council Tax payer

.....

..... Postcode Daytime Telephone No.

Property Information

Please circle which special features your property contains.

Note: Anything you note as being required for meeting the needs of the disabled person is a reference to its being essential or of **major importance to their well-being** by reason of the nature and extent of their disability.

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Date from which you wish to claim Disabled Banding Reduction

In order to confirm your application for a reduction your property will require to be inspected. A member of staff will contact you to arrange a suitable time to visit.

Confirmation of Disability by Doctor

(The disabled person must request this section be completed by their doctor **prior** to the form being sent to Aberdeenshire Council).

I can confirm that the disabled person, named overleaf, is substantially and permanently disabled. (By illness, injury, congenital deformity or otherwise).

Doctor's full name

Doctor's signature

Date

Telephone No.

Official Stamp

DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date

Print Name Telephone No.

Email Mobile Telephone No.

Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.

Please return this form to: Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX.

If you wish further information regarding this form or have any other Council Tax query, please contact us by:

Telephone:
08456 08 12 01

Email:
council.tax@aberdeenshire.gov.uk

Visit our website:
www.aberdeenshire.gov.uk/counciltax