

## 6. CONFIRMATION OF DISABILITY

Please include with this application a note from a doctor or other qualified professional, such as an occupational therapist or social worker, confirming the nature of the disability and that the disabled resident needs the extra space or room, so that your claim may be verified.

**If this confirmation is not easily obtained do not delay your application, but the Council may subsequently need to ask you for evidence in support of this application.**

### Declaration

- The information given on this form is correct to the best of my knowledge.
- I undertake to inform the Council immediately of any changes to the information provided.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please send me a direct debit instruction.

If you have any questions regarding your application please telephone the Council and ask for the Revenues Section on **(01306) 879293**, or write to the Revenues Section at:-

**Mole Valley District Council  
Pippbrook  
Dorking  
Surrey  
RH4 1SJ**

or call into the Council Offices at **Pippbrook, Dorking, Surrey**, between the hours of 8.30 a.m. and 5.00 p.m.



Mole Valley District Council  
Pippbrook  
Dorking  
Surrey  
RH4 1SJ

Telephone: 01306 879293  
Facsimile: 01306 879395  
Email: [council.tax@molevalley.gov.uk](mailto:council.tax@molevalley.gov.uk)  
[www.molevalley.gov.uk](http://www.molevalley.gov.uk)

CTAX-5 11/04

# Application for Council Tax Reduction due to Occupation by a Disabled Person



*For Council Tax purposes a person is considered to be disabled if they are substantially and permanently disabled because of illness, injury, congenital deformity or otherwise.*

## Council Tax Reduction due to Occupation by a Disabled Person

The council tax bill may be reduced if your property is the main residence of a disabled person and your home contains or has been adapted to provide one of the qualifying facilities listed in part 4 of this application.

### How do I apply?

If you think you qualify for this reduction please ensure you complete this application and return it **together with confirmation of the disability** to the Council at the address shown on this leaflet.

### What should you do if you cannot pay your council tax bill?

You should contact the Council's Revenue Section to discuss the situation as arrangements, including payment by direct debit, may be made to settle your account.

### Can I get help due to my income?

There is a scheme called Council Tax Benefit which aims to assist those people on State Benefit or low incomes to pay their council tax. If you think you fall into one of these two groups and would like more information and, or an application form, please tick the relevant box and an application form will be sent to you.

#### 1. APPLICANT

(Person liable for the Council Tax)

**Title :** Mr/Mrs/Miss/Ms(Please delete as appropriate)

**Name :** \_\_\_\_\_  
(Please print name in full.)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Council Tax Reference:** \_\_\_\_\_

#### 2. DISABLED PERSON

**Title:** Mr/Mrs/Miss/Ms(Please delete as appropriate)

**Name :** \_\_\_\_\_  
(Please print name in full.)

#### 4. FACILITY FOR WHICH APPLICATION IS MADE

*In order for a reduction to be granted one of the following **must** be provided which is essential for, or of major importance to the well-being of the disabled resident (adult or child) because of the nature and extent of their disability.*

**A)** a room **other** than a bathroom, kitchen or lavatory which is predominantly used by and required for meeting the needs of the disabled person.

**B)** a **second** bathroom or kitchen required for meeting the needs of the disabled person.

**C)** sufficient floor space to permit the use of a wheelchair **indoors** by the disabled person.

(Please tick the box against the facility for which you are making application).

#### 5. EFFECTIVE DATE

Please state the exact date from which the facility referred to was provided for the disabled person.

.....

.....