



Council Tax

Application for Disabled Banding Reduction

Property no.

Name

Reference no.

Address

Issue Date

Return by date

Postcode

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 can 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 predominately used for providing therapy or other such needs of the disabled person.
2. A bathroom or kitchen which is not the only 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.

Part 1 INFORMATION ABOUT THE APPLICANT *(Person named on Council Tax Bill)*

Full Name

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

Postcode

Full name of disabled person

Date of birth of disabled person

Nature of disability

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

Postcode

Daytime Telephone No.

Please state your relationship to the Council Tax payer

Part 2 PROPERTY INFORMATION

Which reduction category (see overleaf) does the property fall into 1,2 or 3

Date from which you wish to claim Disabled Banding Reduction

As part of the application process your property will require to be inspected. A member of staff will contact you to arrange a suitable date and time to visit as internal access will be required.

Part 3 CONFIRMATION OF DISABILITY BY DOCTOR *(to be filled in by a Registered Medical Practitioner)*

This section must be completed **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)* and has been so from

Doctor's full name

official stamp

Doctors signature

Date

Telephone No.

Part 4 DECLARATION BY APPLICANT

I confirm that the information provided by me on this form is both accurate and complete and I undertake to notify the Council immediately of any change in my circumstances which may affect my liability for Council Tax. I understand the Council may make whatever enquiries it considers necessary to verify the information provided by me on this form.

Signature

Date

Print Name

Telephone No.

Email

Mobile No.

Information provided by you for the purposes of determining Council Tax liability, will be used and stored by Aberdeenshire Council in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. Please refer to our Council Tax Privacy Notice for more information, which can be found at www.aberdeenshire.gov.uk/online/legal-notices/data-protection/service-specific-privacy-notices/

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

If you require help completing this form or further information regarding Council Tax, contact us by:

Telephone

03456 08 12 01

Email

council.tax@aberdeenshire.gov.uk

Visit our Website

www.aberdeenshire.gov.uk/counciltax