DPRApp

Finance Department

Director of Finance: Norie Williamson FCCA CPFA

Head of Revenue Services: David Miller CPFA IRRV

211 Main Street, Barrhead G78 1SY

Phone: 0141 577 3002
Fax: 0141 577 3255
Email: ctax@eastrenfrewshire.gov.uk
Our Ref: **WEBFORM**

Name:

Property Address:

DISABLED PERSONS REDUCTION APPLICATION FORM

The Council Tax (Reductions for Disabilities) (Scotland) Regulations 1992

The Council Tax may be reduced if a property is the sole of main residence of a disabled adult or child. The property must have been adapted or have extra space which is essential or of major importance to the disabled person e.g. a room or extra feature without which, the person would have extreme difficulty living in the property or the persons health would suffer or their disability would become worse.

Section A

To qualify for a reduction in the amount payable you must satisfy all of the following:-

- A member of the household must be disabled
- Facilities, required for meeting the needs of the disabled person must exist within the property which is the sole of main residence of the disabled person
- The application must be completed by the bill payer or someone on their behalf

Documentary evidence to support your claim will also be required.

For an additional Bathroom or Kitchen – A letter from your landlord confirming when this work was carried out / completed or if you are the owner a letter from the Contractor who carried out the work.

For a room predominantly used by the Disabled Person – A letter from a Carer/ Social Worker or Occupational Therapist confirming reason for this room.

Section B

Information relative to the applicant: (Please ✓ appropriate box)

Are you: An Owner/Occupier ☐ A Tenant ☐

If you are a tenant please confirm your landlords details

Landlords Name _____

Landlords Address _____

_____

_____

_____

Landlords Telephone Number _____

Section C

Information relative to the Disabled Person

Name of Disabled Person _____

Date of Birth _____

Nature of Disability _____

_____

_____

_____

_____

Date Disability has existed since _____

Section D

Do any of the following exist?	Yes	No	Date of installation
An additional bathroom, required for meeting the disabled persons needs?	☐	☐	☐
An additional kitchen, required for meeting the disabled persons needs?	☐	☐	☐
The use of a wheelchair, by the disabled person on a permanent basis, **inside** the house?	☐	☐	☐
A room, other than a bathroom, kitchen or lavatory, which is used predominantly (whether for providing therapy or otherwise) by the disabled person, and required for meeting their needs?	☐	☐	If yes please answer Section E

Section E

Please give details of the type of room and how it is used to meet the disabled persons needs?

_____

_____

_____

_____

Date of Installation _____

Section F

Please have Section F completed by the disabled person's doctor.
(please ✓ the appropriate box)

	Agree	Disagree
The information detailed in Section C is an accurate description of the disability suffered by the disabled person mentioned on this form.	☐	☐
And		
In my option the facilities listed in Sections D & E are required for meeting the needs of the disabled person mentioned, taking account of the nature and extent of the disability.	☐	☐

Doctors Name (Please Print) _____

Doctors Signature _____

Contact Telephone Number _____

Contact Email Address _____

Date _____

Establishment Stamp

If your establishment does not have a stamp please enclose a Compliment Slip or sheet of Headed Paper

Section G

Applicants Certificate

I declare that the information provided on this application form is correct and I undertake to notify you immediately if the disabled person ceases to reside in the house, ceases to use the facilities or the facilities cease to exist.

Name (Please Print) _____

Signature _____

Contact Telephone Number
Day Time _____
Evening _____

Contact Email Address _____

Date _____

Important Information Please Read

Please note payment in terms of you current demand notice should be made pending any application decision.

A decision can also not be made if the form is not fully completed and returned without the relevant evidence.

Our Service Standards:	➢ *We will reply to all mail within 20 working days.* ➢ *We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days.* ➢ *We will update the customer's account within 2 working days of payment at a council office or within 2 working days of notification being received from the council's bankers or Girobank* ➢ *We will ensure that all residents are notified within six weeks of a missed payment.*