

Nuneaton & Bedworth



APPLICATION FOR REDUCTION FOR PERSON WITH DISABILITIES

Please complete this form and return to:
FINANCE & PROCUREMENT
TOWN HALL
NUNEATON
WARWICKSHIRE
CV11 5AA
Telephone: (024) 7637 6534
Email: billing.section@nuneatonandbedworth.gov.uk

Account number

Date of issue.....

This form is to be completed and returned by the person responsible for payment of the council tax (the liable person).

PART 1: Please provide the following information regarding the disabled person:

Name:

Property Address:

PART 2: Please provide the following information:

Please confirm whether a room is predominantly used by, and required for, meeting the needs of the disabled person: YES / NO

If yes, please give details:

Please note an extra room does not need to have been specially built, but your home will not qualify for a reduction unless the room is of essential or of major importance to the disabled person. Simply rearranging rooms (for example, having a bedroom on the ground floor rather than the first floor) is unlikely to make your home eligible for a reduction.

Does the property have an additional bathroom or kitchen which is not the main bathroom or kitchen and which is predominantly used by and required to meet the needs of the disabled person: YES / NO

A wheelchair used indoors by the disabled person for mobility: YES / NO

PART 3: Please confirm the date you wish the discount to apply from:

PART 4 : Certification -To be provided by a Doctor or another suitably qualified professional (such as an occupational therapist or social worker)

I declare that in my opinionis a permanently disabled person and that the special feature(s) indicated in Part 2 is/are of major importance to him/her by reason of the nature and extent of the disability.

Signed: Name (BLOCK CAPITALS):

Occupation: Date:

Employer:

Employers Address:
.....

Employers Tel No:

It will help to speed up the Council's decision on the application if the applicant is able to get the above certificate signed by a doctor or other suitably qualified professional, saying that, in their opinion, the applicant or a member of his household is disabled, and that because of his/her disability he/she needs the special feature which relief has been claimed for. If for any reason you are unable to get the above certificate signed easily, do not delay your application if you think you are eligible. The Council will be prepared to consider it in any case, though there may be a need to seek further information in support of your claim.

I declare that the information given above is correct to the best of my knowledge and belief.

Signed: Name (BLOCK LETTERS):

Tel: Date:

E-mail:

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.