

Application for Disability Banding Reduction

Please read this form carefully

When a property has one or more features to meet the needs of a disabled person, a reduction on the property banding may be given. This is known as Disability Banding Reduction. Any reduction given will make the charge on your property the same as that of a property in the next lower valuation band. For properties in the lowest valuation Band A, the Council Tax payable is reduced by the same proportion as dwellings in valuation bands B, C and D.

To qualify for a reduction, the following must apply:

- your property must be the disabled person's sole or main residence.
- the disability must be of a substantial and permanent nature.
- your property must have one or more of the features listed over the page.

Any application must be made by the person responsible for paying Council Tax for the property. If you want to apply for a reduction, please fill in this form in **BLOCK CAPITALS** using **BLACK INK** and return it to the address overleaf.

We will write to tell you if your claim has been successful or not.

Any information that you give will be treated as strictly confidential.

1. Personal details

Your name:

Your address:

 Postcode

Council Tax account number (if known):

Full name of the disabled person:

Date of birth of the disabled person:

Nature of the disability:

Please continue over the page



2. Property details

Does your property have one or more of the following features

Please tick

1. A room other than a bathroom, kitchen or toilet, for the use of the disabled person.

2. A second bathroom or kitchen, for the use of the disabled person.

3. (a) Extra floor space to allow for the use of a wheelchair.

(b) Does the disabled person use a wheelchair indoors?

yes

no

If your property has one or more of these features, please give the date(s) that they were made ready for use.

3. Evidence

We may have to contact you again if we need more information. If you have a telephone number and/or email address that we can use to contact you, please write it in the box below:

Telephone number

Email Address

4. Declaration

I declare that the information on this form is true and correct and that I undertake to inform you of any change in circumstance as soon as the change occurs.

Signature Date

This form has been designed to be easy to understand and simple to complete. If you have any difficulty with any part of the form or if you require further details, we would like to help you. Please contact Revenues and Benefits by telephoning the Council Tax Customer Care Section on 08456 080921, emailing us on counciltax@aberdeencity.gov.uk or by writing to us at the address shown at the bottom of the form

Thank you for completing this form. Please return it immediately to Revenues and Benefits, Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB