Please complete and return this form to:

Revenues, Benefit & Customer Services District Council House, Frog Lane, Lichfield, Staffordshire, WS13 6YX



Your Name: Your Address:

Web Download Customer Services: 01543 308900 Email: Revenues@LichfieldDC.gov.uk

Account reference number:

Application for Council Tax Disabled Band Reduction

You may be entitled to claim a reduction in your council tax because you have a disabled person living in the property - as long as one or more of the following conditions are met:

- There must be at least one person who is substantially and permanently disabled living in the property. This can be an adult or a child. They do not have to be registered disabled or be receiving state benefits.
- The person can be disabled by either illness, injury, congenital deformity or otherwise.

It may be necessary for supporting information to be obtained from the disabled person's doctor or other health professional regarding the nature of the disability in order to process the application.

One of the following must be provided in the property:

- Room for and the use of a wheelchair indoors.
- An additional bathroom or kitchen needed by the disabled person.
- A room other than a bathroom, lavatory or kitchen, predominantly used by the disabled person to meet the needs of their disability.

Section 1 - Details of the disabled individual

Full name	
Date of birth	
Property address	
Nature of the disability:	

Section 2 - Details of the property

Does the disabled person use a wheelchair and is there sufficient floor space to enable the disabled individual to use a wheelchair inside the property on a day to day basis?	YES		NO	
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Is there a room, which is not a bathroom, kitchen, lavatory or bedroom used by the disabled person to meet their needs?				NO			
If yes to a room used b	by the disabled person, please give a brief description of it	ts use:					
Is there an additional I	bathroom or kitchen to meet the disabled person	YES		NO			
	ief description of its use:						
I declare that the informunderstand that I must or exemption I am receimposition of a £70.00	be signed by the person named on the council tax demand mation stated above is true and accurate to the best of m notify the council within 21 days if my circumstances cha eiving. Failure to do so, or to knowingly provide false infor	y knowled Inge and it mation wi	could af	fect a dis	scount		
Name							
Signed			Date				
Contact Number							
Email Address							
As part of your application, it may be necessary to arrange an internal inspection of the property. Our Inspector will contact your to arrange a mutually acceptable appointment. Please provide contact details:							
Name							
Contact Number							
Email Address							
received or the actual or provided satisfactory s	a reduction the Council will award this from the financial ydate in the year, whichever is later. Requests to backdate upporting evidence can be provided. Further information twww.lichfieldc.gov.uk	a reductio	n will be	conside	red		
	eral Data Protection Regulation (GDPR) ess your ordinary personal data either because it is necessary to	o do so to p	perform a	task carri	ed		



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out in the public interest, or in the exercise of official authority vested in us. Please read our privacy notice at www.Lichfielddc.gov.uk/rbprivacy on how we will use your personal data and who we may share it with.