

COUNCIL TAX DISABLED REDUCTION APPLICATION

Name

Account no.

Address

(this is shown on your Council Tax bill)

IMPORTANT INFORMATION - PLEASE READ THE NOTES BELOW BEFORE FILLING IN THIS FORM:

If a person who is permanently disabled lives in your home and your home has certain features to help the disabled person, you may be able to get a reduction in your Council Tax.

To qualify, at least one of the following features must be present in your home:

- a) A room which is not a bathroom, a kitchen or a toilet and is used mainly by the disabled person to meet their needs; or
- b) A second bathroom or kitchen to meet the needs of the disabled person; or
- c) Enough floor space to allow the disabled person to use a wheelchair in your home to meet their needs

The term “meet their needs” means the feature must be essential or of major importance to the disabled person’s well-being by reason of the nature and extent of their disability.

Please note that the disabled person does not have to be the person responsible for the payment of the Council Tax and there is no restriction as to the age of the disabled person.

If you wish to apply for this reduction please complete the details on the back of this form. Upon receipt of your completed application you will be contacted by a Gateshead Council Officer to arrange an inspection of your property.

If your application is successful we will reduce your Council Tax bill by one Valuation Band. For example, if your home is in Band C we will charge you at the Band B rate. If your home is already in Band A, the lowest Valuation Band, we will reduce your Band A charge by about 15%.

Yours sincerely



Strategic Director and Borough Treasurer
Resources and Digital

WHERE SHOULD I SEND MY COMPLETED FORM?

Return to Gateshead Council, Council Tax Section, Civic Centre, Regent Street, Gateshead NE8 1HH
or e-mail a copy of the completed form to counciltax@gateshead.gov.uk

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I can confirm that the information I am about to provide is correct. I understand that any discount will only be awarded on the basis of my current circumstances. I will inform Gateshead Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid discount.

Signed: _____ Date: _____

Daytime Telephone Number: _____ E-mail: _____

In accordance with Data Protection Law, Gateshead Council may use any information you give us to prevent or detect fraud or other crimes. Gateshead Council may also share information with other Council Services or public organisations if required by Law to do so.

1. NAME OF DISABLED PERSON – Please tell us the name(s) of the disabled person(s) and the nature of the disability.

Full Name of Disabled Person(s)	Nature of Disability

2. FEATURES PROVIDED IN YOUR HOME – Please tell us the details of the features provided in your home.

a) Is there a room in your home which is **NOT** a bathroom, a kitchen or a toilet and is used mainly by the disabled person to meet their needs? YES NO

b) Is there a second bathroom or kitchen in your home to meet the needs of the disabled person? YES NO

c) Is a wheelchair used by the disabled person in your home? YES NO

3. MAJOR IMPORTANCE – If you have ticked a “YES” box in part 2 above, please tell us why this feature is of major importance to the disabled person.

4. DATE YOU WANT THE REDUCTION TO APPLY FROM – If your application is successful please tell us the date you want the reduction to apply from.