

Council Tax

Application for Reduction for Disabilities



Please return this form to:

P.O Box 886, Newport, NP20 9LU

PART A The Applicant

Applicant's Name _____ <i>(Must be person liable for Council Tax)</i>
Address _____
_____ Post Code _____
Are you: Owner/Occupier/Tenant/Lodger <i>(delete as appropriate)</i>
Disabled Person's Name _____ <i>(if different from applicant)</i>
Relationship to Applicant _____
Nature of Disability _____

PART B The Dwelling

The property has at least one of the following features:

a) A room predominantly used by the disabled person.
Please provide a brief note of how the room is mainly used
to meet the needs of the disabled person.

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b) A second bathroom or kitchen
(A second lavatory will not qualify)

c) Space for, and use of, a wheelchair indoors

We will probably need to visit you. Please provide a daytime telephone number or email address, so that an appointment can be arranged:

Daytime telephone number: _____

Email: _____

Declaration – I declare that the information given on this application is correct and agree that the Council may make any necessary enquiries to check the information. I agree to inform the Council immediately of any changes which may affect my entitlement to a reduction in Council Tax.

WARNING – GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION

Signed _____ Date _____