

Application for a reduction in Council Tax for a disabled person

The person who is responsible for paying the Council Tax bill must fill in this form.

Please complete this form, sign the declaration at the end and return the form to: The Council Tax Service, PO Box 3, Manchester, M15 5BA.

1. Details of the person who pays the Council Tax bill

- 1. Full name:
- 2. Address:
- 3. Daytime phone no.
- 4. Email address:

We may contact you to make an appointment to visit you about this application.

2. Details of the disabled person

- 1. Full name:
- 2. Address if different from above:
- 3. Date the person became disabled:(Date)

4. Please tick to show which, if any, of these benefits they receive:

- Disability Living Allowance at highest or middle rate of the care component
- Attendance Allowance
- Constant Attendance Allowance under the Industrial Injuries or War Pensions scheme
- Personal Independence Payment (PIP) – the daily living component
- Armed Forces Personal Independence Payment

5. If they don't get any of these benefits but they do have a permanent disability, please give more details about the disability:

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6. Does the disabled person get any help from Social Services? Yes No

3. Details of the home

- 1. Is there an extra bathroom or extra kitchen to meet the disabled person's needs? Yes No
- 2. Is there another room (not a bathroom, kitchen or toilet) that is mainly used by the disabled person and is essential, or of major importance to their welfare? Yes No

- If Yes, please say over the page what the room is used for and how it meets the disabled person's needs:

2 continued:

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Does the disabled person use a wheelchair inside the home? Yes No

If you answered yes to any of the above questions, what date were the changes made to the property or what was the effective date the room was first used to meet the disabled person's needs?

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Please enclose a letter with this form from the disabled person's doctor, social worker or occupational therapist to confirm that they need these special features of the property because of their disability.

Declaration

I declare that the information I have given on this form is true and correct to the best of my knowledge.

Your signature:		Date:	
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Preventing and detecting fraud. Manchester City Council must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud. **Find out more at** www.manchester.gov.uk/benefitfraud