

Council Tax Care & Disabled Reductions

This form can be used to claim

- A discount
- An exemption
- Disabled relief

You must complete sections A, B & I, you should then complete any other sections, which are relevant. If you are completing this form for someone else you must complete section H.

Please complete this form in CAPITAL LETTERS & black ink

SECTION A

Name of council tax payer			
Property Address			
	Post code		
Council Tax Reference		Your status in the property (eg owner, tenant)	

SECTION B

Is the property occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	if no please provide the date the residents vacated/...../.....
If it is occupied please the total number of adults including yourself		If you have left the property who should be liable for council tax (& inc their status - eg owner / tenant)		
Please indicate the reduction you wish to claim?	<input type="checkbox"/> Discount	<input type="checkbox"/> Exemption	<input type="checkbox"/> Disabled Relief	
What date do you wish to claim this from?/...../.....			

SECTION C - SEVERELY MENTALLY IMPAIRED

The name of the person you believe is severely mentally impaired			
Which Qualifying Benefit do they receive?		Date this was awarded from/...../.....
You will need to provide proof of this			

The name & address of their doctor			
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SECTION D - CARERS

The name of the carer		The date they started providing care/...../.....
The name & address of the person receiving the care			
Is the carer living at the same address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	- give their details.

Which Qualifying Benefit do they receive?		Date this was awarded from/...../.....
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You will need to provide proof of this

No of hours of care provided		Relationship between the person receiving care and their carer (eg son, mother, friend)	
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SECTION E - HOSPITAL PATIENTS AND THOSE RECEIVING CARE

The name of the person in hospital / care		The date they went into care/ hospital/...../.....
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The name & address of the hospital / care home etc			
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Do they intend to return to their property and if yes, when	No <input type="checkbox"/>	Yes <input type="checkbox"/> - give expected date of return/...../.....
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SECTION F - DETAINED UNDER THE MENTAL HEALTH ACT

The name of the person detained		The date they were detained/...../.....
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The name & address of the place at which they are detained		Date of expected release/...../.....
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SECTION G - DISABLED RELIEF

The name of the person detained		The date of disablement/...../.....
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Details of disability			
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Name & Address of their doctor			
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Indicate which criteria the property meets	<input type="checkbox"/> Room modified for needs of disabled person	<input type="checkbox"/> 2nd bathroom / kitchen for disabled person	<input type="checkbox"/> Home adapted for wheelchair use
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SECTION H - ACTING ON SOMEBODY ELSE'S BEHALF

I allow the following person to act on my behalf

Their name & address		Signature	
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Their telephone number / email address		Their relationship to you (son, daughter, social worker)	
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SECTION I - DECLARATION

Council Tax Payers signature		Date/...../.....
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Telephone number & Email Address	
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Data Protection Act 1998: The information on this form will be used to help the Council decide on liability for the Council Tax. The information will only be used in connection with the billing, collection and recovery of local taxes and revenues, including the calculation of any associated discounts, reliefs and benefits. The data may be disclosed to other local authorities for local taxation purposes only and to the Council's auditors.

This authority is under a duty to protect the public funds it administers and to this end may use this information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.