

Your name and address (including postcode):

Council Tax Account no:

Please quote this number if you write or phone

Date:  /  /

 Help line number 0121 704 8100

Email: [council.tax@solihull.gov.uk](mailto:council.tax@solihull.gov.uk)

## Application for a Council Tax reduction (Disabled people)

Please complete this form in **CAPITAL LETTERS** and black ink

### What is a disabled person's reduction?

If a disabled person lives in your property and your property has certain features which are important to their well being, we may be able to reduce your Council Tax bill. This is known as a disabled person's reduction. The reduction means that we will charge your Council Tax at one valuation band lower than the actual band your property is in.

If your band is in 'Band A', the reduction will be one ninth of the charge for a property in 'Band D'.

### When will I receive a disabled person's reduction?

The property must be the only or main home of someone who is substantially and permanently disabled for us to give a reduction and your property must have one or more of the following features.

- a room other than a bathroom, kitchen or a lavatory which is mainly used by the disabled person and is necessary to meet their needs.
- or, an extra bathroom or kitchen to meet their needs.
- or, enough space inside the property which allows them to use a wheelchair. The disabled person must need to use their wheelchair indoors.

**Please use this form if you think we should give you a reduction because you are, or someone who lives with you, is disabled.**

## Section 1 The disabled person

### You must fill in this section

The person who is responsible for paying the Council Tax should fill in this form. If you are filling in this form for them please give us your full name in the box below.

Name of person filling in the form

Name of the Council Tax Payer

- Please give the full name of the disabled person:

Mr  Mrs  Miss  Ms  First names  Surname

- How long has the person lived in this property?  
(Please provide the exact date)

- Please give the date the disability began.  /  /

- Please give details of the nature of the disability.

- Is the person registered blind? YES  NO

## Section 2 Property details

### You must fill in this section.

Please tick the appropriate boxes if your property has any of the following:

- A room mainly used by and necessary for meeting the needs of the disabled person other than a bathroom, kitchen or lavatory. YES  NO

If you have ticked 'Yes', please give details of the room and what it is used for.

- An extra bathroom to meet the needs of the disabled person. YES  NO

- An extra kitchen to meet the needs of the disabled person. YES  NO

- Is there enough space inside the property which allows a wheelchair to be used indoors? YES  NO

- Does the disabled person need to use the wheelchair indoors? YES  NO

- If the facility has been built or installed after April 1st 1993, please write the date the facility was built or installed.  /  /

## Section 3 Changes and reviews

**Please read this section.**

If your claim for a disabled person's reduction is successful and we reduce your Council Tax, by law you must tell us about:

- any change in your circumstances;
- any change in the circumstances of the disabled person;
- if the disabled person moves house; and
- if the special facilities are removed or are no longer needed.

We will also send you a review form each year which you should fill in and return.

## Section 4 Declaration

**You must fill in this section.**

Please tick which applies.

● I am the applicant named on this form.

● I am applying for the applicant named on this form

The information I have given on this form is true and complete. I will tell you about any change in circumstances within 21 days which may affect this application for a discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.00.

Your signature:

Date:

We will need to visit your property. We would like to contact you to agree a convenient time for an officer to visit you. It would be helpful if you can give a phone number where we can contact you.

Phone number (Please provide your phone number if you prefer to be contacted by phone)

Email address (Please provide your e-mail address if you prefer to be contacted by e-mail)

**Return completed forms to: Solihull MBC, Income and Awards  
PO Box 1761, Solihull, West Midlands, B91 9RR**

## Section 5 Data protection

**Please read this section.**

I declare that the information I have provided in the application and any supporting evidence is true and correct and I agree to notify Solihull Council of any changes to my circumstances that may affect my discount.

I understand that if I give false information, or fail to notify changes in my circumstances that may affect my discount I may be committing fraud and that Solihull Council may prosecute me.

I also understand that Solihull Council may share the information that I have provided in order to validate my discount, to prevent/detect fraud or identify other benefits/services that I may be entitled to. For more details about how we may use your information, please contact Solihull Connect Customer Contact Service on 0121 704 8100.

