



COUNCIL TAX

Disablement Band Reduction Claim Form

Please read the notes on the back of this form and then complete each section in block capitals

Details of the person making the claim

- Title..... Forename(s).....
- Surname
- Current Address Post code.....
- Telephone Number (day)..... (evening).....
- E-mail Address
- Council Tax Reference Number (if known)

Details of the disabled person

- Title..... Forename(s).....
- Surname
- Brief Nature of Disability
- Please give details of any Disability Benefits?.....
- Are you in receipt of Motorability Allowance?
- Date disabled person moved into the property

Details of special facilities

Do any of the following exist in the property?	Date available for use
<ul style="list-style-type: none"> • A room, which is not a bathroom, a kitchen or a lavatory, which is essential for, and mainly used by, the disabled person e.g. a treatment room 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • A second bathroom or kitchen which is essential to meet the needs of the disabled person 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>
<ul style="list-style-type: none"> • Sufficient floor space to allow the essential use of a wheelchair inside the property e.g. doorways widened 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100px; height: 20px;" type="text"/>

Date you are claiming Disablement Band Reduction from:

Declaration

Declaration – The information I have given is true and accurate and I undertake to inform you immediately if my circumstances change. I authorise the Council to inspect my dwelling to validate this claim.

Signed* Date

** Only the person liable to pay Council Tax or their authorised agent should sign this form.
If acting as the agent of the liable person, please provide evidence of your authority to act on their behalf.*

- Please confirm your interest in this claim (e.g. Owner; Tenant; Agent)

**NOTES for the completion of the
Disablement Band Reduction Claim Form**

If your property is the permanent home of a substantially and permanently disabled person and it has certain features, which are essential for the disabled persons well being, you may be entitled to a reduction in the amount you have to pay. The reduction is applied by reducing the band your property is currently in, to the band immediately below that for example if your property is in band D it can be reduced to band C. Please note – you can get a reduction even if your property is in band A.

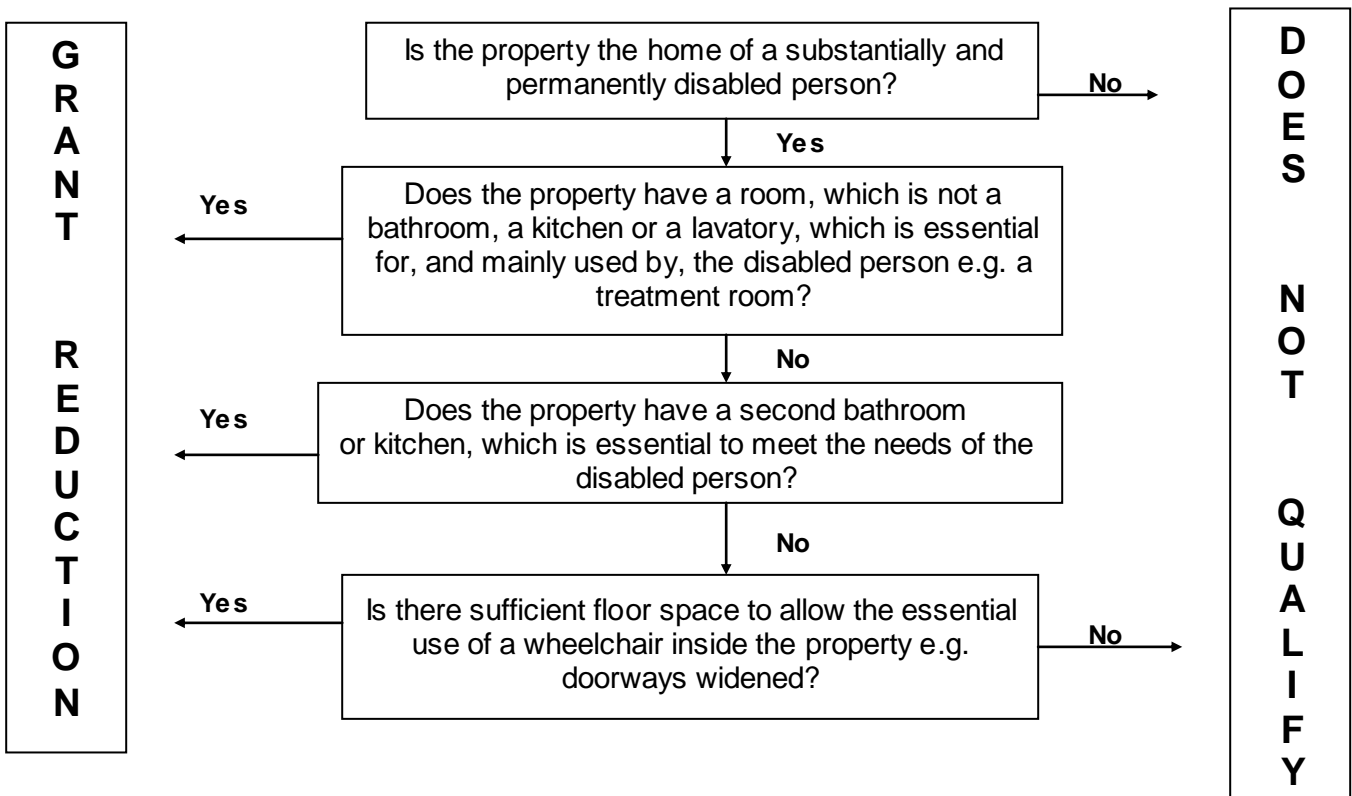
If you need help and advice to complete this form please telephone 01283 508030, e-mail us at council.tax@eaststaffsbc.gov.uk, or visit our Customer Service Centres at either the Market Place, High Street, Burton upon Trent or The Library, Red Gables, High Street, Uttoxeter.

Completed claim forms should be returned to the Revenues Team at the following address:

ESBC, PO Box 8045, Burton upon Trent, DE14 9JG

Until your claim has been dealt with, you must continue to make payment as detailed in the last bill we sent to you. If we award a Disablement Band Reduction we will send you a revised bill, which will include all of the payments you have made. If you have overpaid your account we will send you a cheque for the overpaid amount.

Disablement band Reduction Decision Chart



Please note it will be necessary for an Officer from the Council to visit you in your home in order to validate this claim.