

COUNCIL TAX - DISABLED RELIEF APPLICATION FORM

If your property has been adapted to meet the needs of a disabled adult or child resident, you may be entitled to a reduction. Please fill in this form to claim if your home has one of the following features:  
(\*please indicate feature)

- (i) a room which is mainly used by and required for meeting the needs of the disabled person: YES/NO\*
- (ii) a second bathroom or kitchen required for meeting the needs of the disabled person: YES/NO\*
- (iii) extra space inside the property to allow a wheelchair to move around: YES/NO\*

**A. Disabled Person** (the disabled person must be living in the dwelling for which the reduction is being sought)

Name:.....

Address:.....

.....

The date the property was adapted for them:.....

**B. Applicant** (only people who are liable to pay the Council Tax can apply for a reduction)

Name:.....

Address:.....

.....

Telephone Number:.....

(you do not have to give this information but it may help to process your application quickly)

Council Tax Reference Number:

**Declaration**

The information given on this form is correct. I understand I must let you know immediately if I believe that I am no longer entitled to any reduction granted as a result of this application.

Signature of Applicant:..... Date:.....

To help your application, please ask your doctor or another qualified professional (e.g. an occupational therapist or social worker) to complete the enclosed declaration form. Please return the completed forms in the prepaid envelope provided.

Council Tax Office  
London Borough of Redbridge  
Lynton House  
255 – 259 High Road,  
Ilford, IG1 1NN  
Telephone: 020 8708 5670

COUNCIL TAX - DISABLED RELIEF DECLARATION

Applicant's Name:

Address:

Council Tax Reference Number:

The above person has applied for a reduction to their Council Tax bill due to having a disability.

A reduction may apply if one of the following is a feature of the dwelling and essential to the well being of a disabled person:

- a. a room other than a bathroom, kitchen or lavatory which is mainly used by the disabled person;
- b. a second bathroom or kitchen;
- c. extra space inside the property to allow a wheelchair to move around.

I would be grateful if you could confirm which of these applies and that if the room or extra feature were not available either:

- i. the disabled person would find it physically impossible or extremely difficult to live in the dwelling;
- or
- ii. his/her health would suffer or the disability would be likely to become more severe.

Declaration

I confirm that feature ..... applies to the dwelling. (i.e. a,b or c)

In my opinion the reduction is / is not\* valid. (\*please delete where not applicable.)

Signature: .....

Full Name in Block Capitals: .....

Occupation (ie Doctor, Social Worker, Nurse): .....

OFFICIAL STAMP REQUIRED

Date: .....

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