

Revenues & Benefits Services

Council Tax

Application for Discount –
People With a Disability



sustainable thriving achieving

East Dunbartonshire Council

www.eastdunbarton.gov.uk

Please use black ink and block capital letters or typescript

Background

For the purpose of this reduction you may be eligible if you or a member of your household has a substantial and permanent disability. The following requirements must be fulfilled:-

1. A qualifying individual means a person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise).
2. Facilities required for meeting the needs of the disabled person, must exist within the property which is the sole or main residence of the disabled person.

In order to claim a discount, please complete Section 1, ask your Doctor to complete Section 2 where applicable, sign the declaration on Page 2 and return the form by email or post to the address at the bottom of the page.

Applicant Details

Name		Council Tax Reference	
Property Address			

Section 1: To be completed by the applicant

Are you an owner/occupier?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A tenant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are a tenant, to whom do you pay your rent?		
Name of disabled person		
Nature of disability		
Do any of the following facilities exist?		Date of Installation
1. An additional bathroom, required for meeting the disabled person's needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. An additional kitchen, required for meeting the disabled person's need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The use of a wheelchair, by the disabled person, inside the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is there a room which is mostly used to meet the needs of the person with the disability? (e.g. a room used for kidney dialysis)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Details of room (<i>type & its use</i>) The Council may need to visit the property.		

Section 2: Doctor's Certificate		
By signing this application, I agree that the information detailed in Section 1 is an accurate description of the disability suffered by the disabled person mentioned on this form and in my opinion the facilities listed in Section 1 are required for meeting the needs of the disabled person mentioned, taking account of the nature and extent of the disability.		
Doctor's Stamp	Doctor's Signature	
	Surgery Address	
	Date	

Declaration			
I declare that the information supplied on this form is true, complete and correct to the best of my knowledge and that I will notify the Council within 21 days of any change in circumstances which may affect my liability i.e. disabled person ceases to reside in the house, ceases to use the facilities, or the facilities cease to exist I understand that failure to provide this information is an offence which may make me liable to an initial penalty of £50 and then £200 for each subsequent offence. I understand that any discount awarded as a result of misleading statements deliberately given on this form will be recovered in full. I understand that to deliberately provide false information is a criminal offence and may result in prosecution.			
Signature		Date	
Email Address		Daytime Telephone No.	

Data Protection Act and General Data Protection Regulations ("GDPR")	
<p><i>East Dunbartonshire Council holds, uses and processes information in accordance with the General Data Protection Regulations and all other relevant national data protection laws. Your information may be shared with other departments within East Dunbartonshire Council or other organisations for the purposes of administering and collecting council tax and applying relevant reductions, discounts and exemptions; checking the information we hold is accurate; preventing and/or detecting crime and protecting public funds. Other organisations may include bodies responsible for auditing or administering public funds or conducting data checks, other councils, public sector agencies, governmental departments, regulatory and law enforcement bodies and other private companies or entities (such as credit reference agencies, service providers/contractors and/or partner bodies).</i></p> <p><i>For further information detailing how East Dunbartonshire holds and uses your information please refer to the privacy notice enclosed with this form. Details are also available on our website at: http://www.eastdunbarton.gov.uk/counciltax</i></p>	

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुवाद करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।