

## Council Tax Discount – Disabled Persons Reduction

Council Tax may be reduced if a property is the sole of main residence of a disabled adult or child. If you or anyone in your home is disabled and there are facilities that are required to meet the needs of the disabled person within the property you may qualify for a Disabled Persons Reduction.

The property must have been adapted or have extra space which is essential or of major importance to the disabled person e.g. a room or extra feature without which, the person would have extreme difficulty living in the property or the persons health would suffer or their disability would become worse.

### What evidence will I need to provide?

- **Additional Bathroom or Kitchen** – A letter from your landlord confirming when this work was carried out / completed or if you are the owner a letter from the Contractor who carried out the work.
- **A room predominantly used by the Disabled Person** – A letter from a Carer/ Social Worker or Occupational Therapist confirming reason for this room.

Complete this form in full, sign the declaration and return with the required evidence. You can upload a copy of the application and evidence at <https://www.eastrenfrewshire.gov.uk/tax-discounts>

## Section A – Liable person

A liable person is the person responsible for the bill.

### Are you the owner, tenant or other resident?

### Landlords full name

### Landlords telephone number

### Landlords address

**Section B – Disabled person**

**Full name of disabled person**

**Date of birth**

**Nature of disability**

Brief description of disability.

**Date disability has existed**

This is the date disability started.

**Section C – Facilities in property for disabled person**

**Do any of the following exist in the property?**

Select the ones that apply and provide the date it was fitted.

An additional bathroom required for meeting the disabled persons needs.

**Date installed**

An additional kitchen required for meeting the disabled persons needs.

**Date installed**

The use of a wheelchair by the disabled person on a permanent basis inside the house.

**Date installed**

A room other than the bathroom, kitchen or toilet used predominantly (for therapy or otherwise) by the disabled person and is required for meeting their needs.

**Date installed**

**Section D – Additional room for disabled persons needs**

**Provide details of the type of room you have in the property**

Describe how the room is used to meet the disabled persons needs.

**Date installed**

The date the room was fitted.

**Section E – To be completed by Registered Medical Practitioner**

This section should be completed by the disabled person's doctor.

**Select one option for each statement**

The information in Section C is an accurate description of the disability suffered by the disabled person mention on this form.

**Agree**       **Disagree**

The facilities listed in Sections D and E are required for meeting the needs of the disabled person, taking account of the nature and extent of the disability.

**Agree**       **Disagree**

**Doctor's signature**

**Doctor's name**

**Doctor's email address**

**Doctor's telephone number**

**Doctor's Stamp**

If you do not have a stamp please enclose a compliment slip or sheet of headed paper.

**Declaration**

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there's a change in my circumstances, I will notify East Renfrewshire Council within 21 days. I accept failure to provide this information is an offence, which may result in a fine of £50 and £200 for each offence thereafter. I understand this information may be shared with other councils or organisations that handle public funds for the purposes of preventing and detecting fraud.

**Signature of liable person**