

Tel: 0118 974 6000

Email: ctax@wokingham.gov.uk



**WOKINGHAM
BOROUGH COUNCIL**

EXPLANATORY NOTES COUNCIL TAX REDUCTION FOR DISABLED PERSON

If you are disabled or a person who lives in your home is disabled, then you may be entitled to a reduction in the amount of council tax that you pay. The disabled person must have their main home in the property in question. **The person does not have to be an adult or be the person who is responsible for paying the tax.**

If a reduction is granted, then the council tax payable will be reduced by one Band. For example, if the property is valued within Band F, then you will pay an amount equal to a Band E property. If the property is valued within Band A, then you will be granted a reduction that is equal to 5/9ths of the Band D charge.

The statutory definition of a disabled person for council tax purposes is:

“A person who is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise)”.

Please note that the person does not have to be registered disabled to qualify.

Legislation states that to qualify for a reduction, the property must have one or more of the following:

- **A room other than a bathroom, kitchen or toilet, which is used mainly by the person with a disability and is required for meeting their needs, or**
- **An additional bathroom or kitchen which is required to meet the disabled person's needs or,**
- **Enough space for the use of a wheelchair that needs to be used inside the dwelling (Please note- it is essential that the person needs to use a wheelchair indoors due to the nature of their disability).**

Legislation also states that the qualifying items above **must be essential or of major importance** to the well-being of the disabled person, having regard to the nature and extent of their disability.

If you feel that you may be eligible for a reduction then please complete the attached form and return it to the address below. Please note that the form includes a section that should be completed by a doctor or health practitioner where possible.

It may be necessary to inspect the property, therefore it would be appreciated if you could provide your phone number on the form so that a mutually convenient appointment can be arranged.

THE APPLICATION IS MADE ON THE FOLLOWING GROUNDS:

Please tick the following boxes where appropriate:

1. The property has a room (not a bathroom, toilet or kitchen), which is mainly used to meet the needs of the disabled person.	Yes	No
Please provide details of this room and explain how it is used:		
2. The property has a second bathroom or kitchen, which is needed to meet the needs of the disabled person.	Yes	No
3. There is sufficient space inside the property to use a wheelchair indoors.	Yes	No
The disabled person uses a wheelchair inside the property:	Yes	No

EFFECTIVE DATE OF REDUCTION

Please give the date from which you wish to claim a reduction: Please provide the date on which the alterations to the property were completed (where applicable):

DECLARATION FROM DOCTOR OR QUALIFIED HEALTH PRACTITIONER

I certify that is substantially and permanently disabled
The feature mentioned in boxes 1 to 3 above is needed for the following reason:
Name: (CAPITALS PLEASE)..... Occupation:
Address or Surgery Stamp:
Signed: Dated:

Please be aware Wokingham Medical Centre and other doctor surgeries may charge a fee for non NHS requests. Wokingham Borough Council will not be responsible for paying this charge and will not be able to reimburse any claim for this charge.

DECLARATION TO BE COMPLETED BY TAXPAYER

The information given on this form is accurate and correct to the best of my knowledge. I understand that if my application is granted, then I must advise Wokingham BC immediately, if any of the above information provided alters in any way. I also understand that I may be asked to complete a further application when reductions are reviewed (Wokingham BC has a statutory obligation to review all reductions and discounts on occasion, to check that records are up to date).

Name (BLOCK CAPITALS)	
Signature of Taxpayer:	Date:

Please return this form to: The Revenues Section, Wokingham Borough Council, P. O. Box 152, Council Offices, Shute End, Wokingham. RG40 1WJ.