



Moray Council
TAXATION SERVICES
Council Tax
Disabled Banding Reduction Application Form

Name.....

Address.....

.....

..... Postcode.....

Office use only
Account number.....
Date of issue.....
Please return by.....

Introduction

If a property is occupied by a disabled person and has been altered to meet their needs, there may be an entitlement to a banding reduction. Any reduction to a property in bands B to H will reduce the Council Tax payable by one band. Any reduction to a property in band A will reduce the Council Tax payable by an amount equivalent to a reduction of one band.

Qualification

Qualification for an award of Disabled Banding Reduction is dependent on the property:

- being the disabled person's **sole or main residence** and the disability must be of a **substantial and permanent nature**.
- containing one of the following features (which must be **essential** or **of major importance to the well being** of the disabled person).
 1. A room which is not a bathroom, kitchen or lavatory and which is predominately used for providing therapy or other such needs of the disabled person;
 2. A second bathroom or kitchen in the property, adapted for the disabled person's needs;
 3. The provision of sufficient floor space to permit the disabled person to use a wheelchair indoors. The wheelchair must be actively used indoors by the disabled person

Completion Instructions

If you think that you may qualify for a reduction, please complete this form in **BLOCK CAPITALS** and **black ink**.

Parts 1, 2 & 4 should be filled in by the **Council Tax payer** or **the person assisting you**.

Part 3 should be filled in by the disabled person's **doctor**.

For further information or help in completing this form please telephone **(01343) 563456**.

All information given will be treated in the strictest confidence.

Part 1: Occupancy Details

Council Tax account number

Do any of these people fall into any of the following categories? (Please '✓' the relevant box)

Are you the only adult occupant?
(Please '✓' the relevant box)

Yes

☐

No

☐

Students

☐

Severely
Mentally
Impaired

☐

Apprentices

☐

YTT Skill
Seekers

☐

If '**No**', state how many **ADULTS** live with you
Please state their names below:

Student
Nurses

☐

Care Workers

☐

.....

.....

Part 2: Information about Applicant and Property

Your name

Property address for which Disabled Banding Reduction is requested.....

.....Postcode.....

Full name of disabled person.....

Which of the special features overleaf does your property have? (Please ✓ all that apply)

1 ☐ 2 ☐ 3 ☐

Nature of the disability.....

Date from which you wish to claim Disabled Banding Reduction.....

Name and address of person assisting you (if applicable).....

.....

.....Telephone.....

Note: to confirm entitlement to this reduction it will be necessary to inspect the property. A member of staff will contact you to arrange a suitable time to visit.

Part 3: Confirmation of Disability by Doctor

I can confirm that the disabled person, named above (the disability being caused by illness, injury, congenital deformity or otherwise) is substantially and permanently disabled.

Signed.....

Official Stamp

PRINT NAME.....

Date.....

Your Status (G.P. etc.).....

Please state a contact name and telephone number should we require further information

Name Telephone.....

When complete, this form should be returned to the applicant/person assisting the applicant.

Part 4: Declaration

I declare that the information on this application is true and correct. I authorise the council to make any necessary enquiries to check the information given on this application, including cross checking details with other council services and external organisations. I undertake to inform you of any change in circumstances as soon as it occurs. I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may be prosecuted.

Signature

Date

Print Name

Telephone

Email

Mobile

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Council Tax liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Council Tax Privacy Notice for more information. It can be found at <http://www.moray.gov.uk/downloads/file123143.pdf>

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.**

If you require any further information regarding this form, please contact us by:

Telephone: **01343 563456** Webform: moray.gov.uk/ctxenquiry Website: www.moray.gov.uk