

## Council Tax reductions for the disabled application form

If a member of your household is disabled, you may be entitled to a reduction in your Council Tax. Please complete the following in order that somebody can arrange a visit to your home.

Name of person liable to pay Council Tax:		
Name of disabled person(s) (if different):		
Address:		
Telephone number:		
Email:		
Council Tax account number:		
Is the disabled person registered with the Council	Yes	No
Please indicate which of the following criteria apply in your household:		
1. A room which is not a bathroom kitchen or lavatory and which is predominantly used and required for meeting the needs of the disabled person resident in the property. Yes No		
2. A bathroom or kitchen which is not the only bathroom or kitchen within the dwelling and is required for meeting the needs of the disabled person resident in the property. Yes No		
3. Sufficient floor space to permit the use of a wheelchair required for meeting the needs of the disabled person resident in the dwelling (for this to apply a wheelchair must be required to be used indoors to meet the needs of the disabled person)		
Yes	No	
Please state the nature of the disability		
Signed:		
Please print your name:		
Date:		

**Declaration****Please read carefully before you sign.**

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

Your signature

Date

Daytime telephone number

Email address

Please return this application form to:

Royal Borough of  
Greenwich Revenues and  
Benefits Service The  
Woolwich Centre  
Wellington Street  
London SE18 6HQ