

COUNCIL TAX CLAIM FORM
- Reduction for people with disabilities.

Name and Address

Please complete and return to :-
Exchequer Division, Unity Partnership
P.O. Box 4, Civic Centre,
West Street, Oldham OL1 1UH.
Telephone enquiries : 0161 770 6622

Account Ref :

Re :

1 Applicant - (if not the disabled person)

Name

Address

.....

.....

Daytime Telephone No.

2 Disabled person - The disabled person must be living in the dwelling for which the reduction is being sought.

A. Name and address
(if different from section 1)

B. Details of disability

C. Is the disabled person the only person aged over 18 living at the address? **YES / NO**

If no, how many people aged 18 or over live at this address.
(including the disabled person).

D. Relationship to applicant.

Please complete sections 3 and 4 overleaf.

3**Grounds for application.**

Is there :

- | | | |
|-------|--|-----------------|
| (i) | a room which is predominantly used by and required for meeting the needs of the disabled person? | YES / NO |
| (ii) | a second bathroom or kitchen required for meeting the needs of the disabled person? | YES / NO |
| (iii) | a wheelchair used indoors by the disabled person? | YES / NO |

4**Declaration.**

I declare that the information on the form is correct to the best of my knowledge.
 A penalty of £50.00 may be imposed if you fail to provide information or knowingly provide information that is false.

Signature Date

NOTE : YOU MUST NOTIFY THIS DEPARTMENT IMMEDIATELY IF YOU HAVE A CHANGE OF CIRCUMSTANCES WHICH MAY AFFECT YOUR CLAIM.

ANY REDUCTION GRANTED WILL BE REVIEWED ANNUALLY.

OFFICE USE ONLY	ENTITLED	PRESENT BAND
Visited	(i)	
	(ii)	
Notified	(iii)	