Council Tax & Debt Management Team

P.O. Box 13251, John Muir House, Haddington, EH41 3HA

T: 01875 824314 W: www.eastlothian.gov.uk/council-tax



COUNCIL TAX DISABLED PERSON REDUCTION FORM

Council Tax Account No:	
to qualify for this reduction, the prope must be an appropriate and relevant li	read the Notes contained in this form. A disabled person resident in the property is not sufficient rty must have a room that would not be required if the disabled person were not present. There nk between the impairment and the need to use the room. We may need to visit the property to t. If we need to do this, we will contact you to arrange a suitable date and time.
SECTION 1: Property Details	
Address of the property for which you are claiming a reduction	
Postcode	
Have any adaptations been carried out in the property	Yes / No
If yes, please provide details including the date when works were carried out	
If planning permission or a building warrant was required for any works, provide application reference number	
SECTION 2: Applicant Details	
Title & full name of the person(s) liable to pay Council Tax at the property	
Title and full name of the disabled person	
Date of birth of the disabled person	
Is the property in Section 1 the disabled person's sole or main residence	Yes / No For a reduction to be awarded, the property must be the sole or main residence of an adult or child who is substantially and permanently disabled by illness, injury, congenital deformity or otherwise.
Please provide details about the nature of the disability	
Is the disability permanent Y/N	Yes / No
If yes, what was the start date of the permanent disability	
Are you claiming any disability related benefits	Yes / No
If yes, please include details and include evidence with your application, for example your award letter(s)	

Please select one or more of the following options: 1. A room other than a bathroom, kitchen or toilet, for the use of the disabled person 2. A second bathroom or kitchen, for the use of the disabled person 3. (a) Does the disabled person use a wheekchair indoors (b) Extra floor space to allow for the use of a wheekchair If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed of possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of Yes / No Where adaptations have been carried out to the property, elevance of this will be required, this may include planning Yes / No germission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	CECTION 2: Passage for Apple in a		
1. A room other than a bathroom, kitchen or toilet, for the use of the disabled person 2. A second bathroom or kitchen, for the use of the disabled person 3. (a) Does the disabled person use a wheelchair indoors (b) Extra floor space to allow for the use of a wheelchair If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional Iconfirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No Profession or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s).	SECTION 3: Reason for Applying		
1. A room other than a bathroom, kitchen or toilet, for the use of the disabled person 2. A second bathroom or kitchen, for the use of the disabled person 3. (a) Does the disabled person use a wheelchair indoors (b) Extra floor space to allow for the use of a wheelchair If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional Iconfirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No Profession or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s).	Please select one or more of the following antions:		Please tick
2. A second bathroom or kitchen, for the use of the disabled person 3. (a) Does the disabled person use a wheelchair indoors (b) Extra floor space to allow for the use of a wheelchair If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support Yes / No Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No Yes / No If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No		e of the disabled person	i icase tiek
3. (a) Does the disabled person use a wheelchair indoors (b) Extra floor space to allow for the use of a wheelchair if none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional Iconfirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed Yes / No Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
(b) Extra floor space to allow for the use of a wheelchair If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date Date SECTION 5: Evidence to Support your Claim Enclosed Yes / No		person	
If none of the above apply, you will not qualify for this reduction. If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: It confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No germission or building warrant details, or photos of rooms in the property. Yes / No	•		
If your property has one or more of the above features, please provide the date(s) that they were made ready for use: If an additional room is required, please provide details of how the room is used to meet the needs of the disabled person: SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No germission or building warrant details, or phontos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			<u> </u>
SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	ij none oj tne above appiy, you wili not qualijy joi tnis reduction.		
SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed f possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	If your property has one or more of the above features, please provi	de the date(s) that they were made ready for use:	
SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed f possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed f possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
SECTION 4: To be Completed by a Doctor or Health Care Professional I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed f possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	If an additional room is required, please provide details of how the re	oom is used to meet the needs of the disabled person:	
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
I confirm that the person named in Section 2 is substantially and permanently disabled (the disability being caused by illness, injury, congenital deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	SECTION 4: To be Completed by a Doctor or Health Care Profe	essional	
deformity or otherwise) and the features detailed in Section 3 are required to meet their needs. Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning Yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	,		
Name: Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	I confirm that the person named in Section 2 is substantially and per	manently disabled (the disability being caused by illness, i	njury, congenital
Profession: Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
Email Address (we will use this if further information is required) Signature Date SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	Name:		
SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning yes / No permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	Profession:		
SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	Email Address (we will use this if further information is required)		
SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
SECTION 5: Evidence to Support your Claim Enclosed If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	bate		
If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No	SECTION 5: Evidence to Support your Claim		
If possible, a note from a professional such as an Occupational Therapist or Social Worker should be submitted in support of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
of your application and indicate whether the additional space or room is essential to the wellbeing of the disabled person. Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			Enclosed
Where adaptations have been carried out to the property, evidence of this will be required, this may include planning permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
permission or building warrant details, or photos of rooms in the property. If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
If you are claiming any disability related benefits, please enclose evidence such as your award letter(s). Yes / No			
	If you are claiming any disability related benefits in place enclose evidence such as your award letter(s)		
Declaration	you are diaming any albability related benefits, piease efficiose evic	series sacri as your award retter(s).	Yes / No
Declaration			
	Declaration		

I declare that, to the best of my knowledge, the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. I understand that enquiries may be made to verify the information given and that this may include inspection of the property. If awarded a reduction, I undertake to inform the Council Tax & Debt Management team of any change in circumstances affecting the amount of Council Tax payable.

Signature:		Date:	
Contact Number:		Email Address:	
Relationship to the disabled person if you are completing on someone's behalf:			

Notes

What is a Disabled Person Reduction?

This is a reduction in the amount of Council Tax and Scottish Water charges payable if the property has certain features which are essential, or of major importance, to the wellbeing of a disabled person resident in the property, because of the nature of their impairment.

Who is eligible?

This reduction can be awarded in respect of any residents in the property. There is no age restriction, although this reduction is normally awarded where a child is over the age of 3 years old. There is no requirement for the disabled person to be in receipt of any state benefit.

For a reduction to be awarded, the property must be the sole or main residence of an adult or child who is substantially and permanently disabled by illness, injury, congenital deformity or otherwise.

A disabled person resident in a property is not sufficient to qualify for this reduction, the property must have a room that would not be required if the disabled person were not present. There must be an appropriate and relevant link between the impairment and the need to use the room.

The property must contain either:

1. A room, but not a sole bathroom, a kitchen or a lavatory, which is predominantly used by the disabled person, for example a room used for dialysis equipment, or a therapy or treatment room.

The room should be essential or of major importance to the person's well-being.

If the room predominantly used by the disabled person is a bedroom and it has always been used as a bedroom, then this would not qualify for any reduction.

However, if a room has been lost or adapted to make into a bedroom for the disabled person, for example a dining room, because the disabled person could not get up any stairs, then this would qualify for the reduction, assuming all other qualifying criteria was met.

2. An additional bathroom or kitchen which is necessary to meet the needs of the disabled person.

You would need to provide evidence to show that the disabled person could not live in the property without the additional bathroom or kitchen or by not having it, it would it be detrimental to their condition or health and wellbeing. For example, an en-suite or additional toilet downstairs that is essential or of major importance to the wellbeing of the disabled person. If the disabled person did not live in the property, this room would not be required.

A sole bathroom or kitchen, even if specially adapted to make more accessible, is not sufficient to qualify because everyone needs a bathroom or kitchen.

You may qualify for this reduction if a wheelchair has to be used in the property by the disabled person.

If the disabled person only requires the use of a wheelchair when outside the property, there will be **no entitlement** to this reduction.

How does it work?

If awarded this reduction, Council Tax is charged as if the property had been placed in one band below that at which the property is currently valued.

If the property is in band D and qualifies for a reduction then the householder will be charged Council Tax at band C rate. Band A properties also qualify for this reduction. For dwellings in band A, the Council Tax payable is reduced by the same proportion of the bill as in the case of dwellings in valuation bands B to D.

How to apply

You will need to complete this application form and submit along with any evidence requested. A copy of this application form can also be downloaded from the council website at www.eastlothian.gov.uk/DPR.

The application form and supporting evidence should be returned to: Council Tax & Debt Management Tea, PO Box 13251, East Lothian Council, Haddington, EH41 3HA.

What happens next?

Your application and evidence will be reviewed to determine if you are eligible for a reduction in your Council Tax payments.

We may need to visit the property to ensure all qualifying conditions are met. If we need to do this, we will contact you to arrange a suitable date and time.

If awarded a Disabled Person Reduction, we will periodically review entitlement to make sure the award is still correct.

How we use the information you provide

East Lothian Council used the personal data you provide for the purposes associated with the delivery of our services. For more information visit www.eastlothian.gov.uk/privacyct

Personal data will be retained in line with East Lothian Council's retention policies. For more information contact Data Protection Officer, East Lothian Council, John Muir House, Haddington, EH41 3HA. Email: dpo@eastlothian.gov.uk

This authority has a duty to protect the public funds it administers and may use the information you have provided for the prevention and detection of fraud and recovery of debt. It may also share this information within the authority or with other bodies responsible for auditing or administering public funds. For further information refer to our website www.eastlothian.gov.uk/datasharing