

COUNCIL TAX DISCOUNT APPLICATION FORM – DISABLED PERSONS

PART A – DISABLED PERSONS

Council Tax Account Reference Number	
Name of the disabled person	
Address	
Date of Birth (if under 18)	
Is the above property the disabled person's main home?	YES / NO
If NO , please give the address of his/her main home	
Nature of his/her disability	

PART B – PROPERTY – Is there:-

A second bathroom or kitchen required for meeting the needs of the disabled person?	YES / NO
An extra room predominantly used by and required for meeting the needs of a disabled person?	YES / NO
If YES , please give details	
Is there sufficient floor space to allow use of a wheelchair indoors and is the wheelchair used by the disabled person in the property?	YES / NO
If YES , please enclose confirmation from the disabled person's doctor that a wheelchair is required indoors	
Please give the date the facilities required by the disabled person became essential	

DECLARATION

I declare that the information given on the form is complete and accurate to the best of my knowledge. Please note, further information/evidence may be requested to support your application.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.