To Be Returned To:

Perth & Kinross Council Executive Director (Housing & Community Care) PO Box 7300 PERTH

PH1 5WH

Telephone No: (01738) 476000 (Mon-Fri 8.45am to 5.00pm) Email: localtaxes@pkc.gov.uk Fax No: (01738) 475610



COUNCIL TAX DISABLEMENT REDUCTION APPLICATION

Naı	e(s) of <u>Liable Person(s</u>):	
Add	ess:	
Tele	none Number:	
Acc	nt Number:	
Valu	ion Band:	
Add	ss of Property (if different from above):	
pe w If Ta ap Pl Ba	qualify for Disablement Reduction, there must be a substantially and permanently disabled son resident within the property. Also, there must exist within the property, special facilities ich are required to meet the needs of, and be essential to the well being of the disabled person teleast one of the conditions detailed in SECTION B of this application is satisfied, then Counci will be charged at the next lower Band, eg a property in Band D will be charged at the rate licable to Band C. asse note that for the period prior to 1 April 2000, no reduction can be awarded for properties in ad A. From 1 April 2000 however, Disablement Reduction may be awarded for properties in ad A providing that at least one of the conditions detailed in SECTION B is satisfied.	
PRO	SECTIONS OF THIS FORM MUST BE COMPLETED. FAILURE TO DO SO MAY DELAY THE CESSING OF YOUR APPLICATION.	
Se	ion A:	
(1)	Name of disabled person	
(2)	Date of Birth (if under age of 18)	
(3)	Nature of disability	
(4)	Date disabled person became resident in property	
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Section B:				
Please indicate which of the following exist in the property:				
(1)	A second bathroom which is provided to meet the disabled person's needs	YES / NO		
	Date this facility was available to use by disabled person:	1 1		
(2)	A second kitchen which is provided to meet the disabled person's needs	YES / NO		
	Date this facility was available to use by disabled person:	1 1		
(3)	a) Sufficient floor space to permit the use of a wheelchair.	YES / NO		
	b) Is the wheelchair actually used indoors?	YES / NO		
	Date this facility was in use by disabled person:	1 1		
(4)	A room which is provided for, mainly used by, and is required to meet the disabled person's needs (eg therapy or treatment room)	YES / NO		
	Date this facility was available and in use by disabled person:	1 1		
	Please give as much information as possible	 		
Section C:				
	I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS ACCURATE, AND UNDERTAKE TO NOTIFY YOU IMMEDIATELY IF THE DISABLED PERSON CEASES TO BE A MEMBER OF THE HOUSEHOLD, OR IF THE SPECIAL FACILITIES CEASE TO EXIST.			
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NOTES

All information given on this application form will be treated as confidential and will not be disclosed to any unauthorised person.

An Officer of the Council may contact you with a view to arranging a visit to the property.

Please note that forms are issued periodically to review your circumstances.

IF YOU REQUIRE ANY ASSISTANCE IN COMPLETING THIS FORM, PLEASE VISIT THE RECEPTION AT PULLAR HOUSE, 35 KINNOULL STREET, PERTH. ALTERNATIVELY, YOU MAY TELEPHONE (01738) 476000.

THE COMPLETED FORM SHOULD BE RETURNED TO THE COUNCIL TAX UNIT, PERTH AND KINROSS COUNCIL, PO BOX 7300, PERTH, PH1 5WH.

DATA PROTECTION

Any information you have provided will be used for the billing and collection of local taxes and the recovery of any unpaid debts due to the Council. Disclosures to third parties will only be made to agents employed by Perth & Kinross Council to recover unpaid debts and to those organisations with a legal right of access, e.g. Inland Revenue. This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud therefore it may also share this information with other bodies for these purposes. In terms of the Data Protection Act 1998, you are entitled to know what information this Council holds about you, on payment of a fee of £10. Application should be made to the Executive Director (Housing & Community Care Services), 35 Kinnoull Street, Perth.