



TREASURY SERVICES

Number One Market Street, Nelson, Lancashire, BB9 7LJ.

Telephone: (01282) 661818

Ask for: Council Tax

Email council.tax@pendle.gov.uk

Web: www.pendle.gov.uk

Name and address of council tax payer

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Council Tax reference number

Council Tax - Reduction for Disabilities

In order that I may fully consider your request, please complete the enclosed questionnaire and return it to me at the address above.

In assessing the application the authority will need to be satisfied that:-

- (a) there is a disabled resident who needs either space for a wheelchair to be used inside the home, or an additional kitchen, bathroom or other room, and
- (b) that this space or room is essential or of major importance to the well-being of the disabled resident because of the nature and extent of their disability.

Please note that it may be necessary for one of my officers to visit your premises and I may require documentary evidence of your medical condition.

I will inform you of any entitlement to a reduction as soon as possible.

Yours faithfully

Local Taxation Section



Council Tax - Reduction for Disabilities

1. Full name of applicant (Council Tax payer) _____
2. Address of Applicant (if different from above) _____

3. Full name of disabled person _____
4. Nature of disability _____
5. Are you in receipt of any disabled benefit?
If so which? _____
6. Is there a room mainly used by the disabled person? _____
7. If the answer to 6 above is yes, which room is used? _____
8. Is there a *second* bathroom or kitchen required for meeting the needs of the disabled person? _____
9. Is a wheelchair used indoors by the disabled person? _____

Declaration

The information given on this form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of applicant _____ Date _____

Telephone Number _____