



South Staffordshire Council

APPLICATION FORM FOR COUNCIL TAX DISABLEMENT RELIEF

Name of applicant	
Property address	
Account reference number	
Name of disabled person	
Nature of disability	

The property has at least one of the following features (please delete as applicable)

1. A room which is predominantly used by and required for meeting the needs of the disabled person

YES / NO

If Yes please provide brief details of what the room is used for :

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2. A second bathroom or kitchen required for meeting the needs of the disabled person

YES / NO

3. A wheelchair used indoors by the disabled person

YES / NO

Effective date of application: _____
(when the above facilities were first used by the disabled person)

Please complete the declaration on the reverse

Upon receipt of your completed form we may need to contact you to arrange a suitable time and date to visit you, to determine whether or not your property has been permanently adapted to meet the necessary criteria to claim Disabled Band Reduction. Please therefore ensure you have provided an up to date telephone number.

Daytime Telephone Number: _____

Email address: _____

Declaration

I declare that the information on this application form is, to the best of my knowledge, correct and complete. I agree to notify South Staffordshire Council of any change in circumstances, which may affect a claim made on this form. I understand that information on this form may be recorded on computers in accordance with the Data Protection Act 1984 and may be used for other Council purposes. I also understand that I may be liable to a penalty of £70.00 if I provide any false information or fail to notify the Council of any change of circumstances, which may affect a claim made on this form.

Signature _____ Date _____

Full Name _____

Please return this completed application form via email to taxation@sstaffs.gov.uk or by post to:

South Staffordshire Council
Revenues and Benefits
Council Offices
Wolverhampton Road
Codsall
South Staffordshire
WV8 1PX