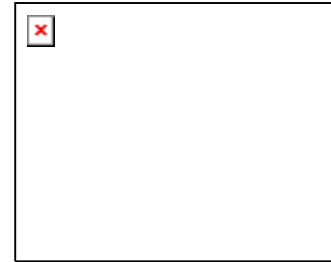


LOCAL TAXATION SERVICES

Southampton City Council
Civic Centre
Southampton
SO14 7LD Direct Dial: 023 8083 2349



Council Tax Reduction for Persons with a Disability

Name:
Account Number:
Address:

1. Details of the person who pays the Council Tax bill

Name:
Telephone number:
Address:

2. Details of the disabled person

Name: _____

Date of birth: _____

What is the nature of the disability? _____

Does the disabled person usually live at this address?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

What date did they move in?

Is the disabled person registered as disabled with the Social Services Department?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Do they receive any pensions, allowances or benefits?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If YES, which one(s) do they receive? _____

3. Changes to the home

Is there a room (*not a bathroom, kitchen or toilet*) which is used mainly by a disabled person (for example a room used for dialysis equipment)

YES

NO

If YES, which room is it? _____

What is the room used for? _____

Is there an extra bathroom or kitchen which is needed by the disabled person?

YES

NO

Is there extra space in the house to use a wheelchair indoors?

YES

NO

If you have ticked YES to any of the above changes to the home, from what date was the facility first used by the disabled person?

DECLARATION

The information I have given is correct as far as I know.

Your signature: _____ Date: _____

Print your full name: _____

Your contact address: _____

Tel. No/Email: _____

If there are any changes to the information you have given, please tell us within 21 days. Please note we will normally contact you to arrange a home visit.