

COUNCIL TAX APPLICATION FOR DISABLED BAND RELIEF

SHETLAND ISLANDS COUNCIL

Finance

Charlotte House
Commercial Road

Lerwick

Shetland

ZE1 0LX



Tel: (01595) 744683

This application form must be completed by the person liable to pay the Council Tax.

Property Reference _____

Account Reference _____

If you, or someone who lives with you, has a specific facility which is required to meet the special needs arising from a disability, you may qualify for a reduction on the banding of the property. To qualify the property must have

1. At least one substantially and permanently disabled person permanently resident, and either
2. A special room used specifically to meet the needs of the disabled person, or
3. A second bathroom or kitchen used specifically to meet the needs of the disabled person, or
4. Sufficient space so that a wheelchair may be used about the property on a daily basis.

Details of property and valuation band (shown on your Council Tax Bill).

Valuation Band _____

**Address of property in respect
of which relief is claimed**

Details of Disabled Person.

Name of Disabled Person _____

Nature of Disability _____

Date Disabled Person became resident in the property _____

Please Turn Over

Details of Specific Facilities Provided.

Do any of the following exist within the property ? :-

(Please Tick Box)

- 1) A room which is not a bathroom or a kitchen which is predominantly used by and is required for meeting the needs of the disabled person.
(e.g. a room set aside for kidney dialysis treatment.)
- 2) A second bathroom which is provided to meet the disabled person's needs.
(e.g. one specially adapted to accommodate the needs of the disabled person.)
- 3) A second kitchen which is provided to meet the disabled person's needs.
(e.g. one specially adapted to accommodate the needs of the disabled person.)
- 4) Provision of sufficient floor space to permit the use of a wheelchair indoors.
(the wheelchair must be required by the disabled person for day-to-day living.)

Date when special facility or facilities were first made available _____

We may check information that you have provided or that has been provided about you against relevant information that we already hold to make sure that it is accurate. We may also lawfully disclose information to other public sector agencies to:

- Prevent or detect benefit fraud and any other crime
- To support national fraud initiatives
- To protect public funds

Declaration: -

I declare that the information given on this notification is to the best of my knowledge correct, and I undertake to notify Shetland Islands Council Finance Services immediately if circumstances or the occupancy of the dwellings change.

Signature _____

Date _____

Contact / Caller* Name _____

Telephone Number _____

Finance Use

By Telephone (tick) Date Entered _____ Initials _____

Assessors Notification Ref. _____

NOTES.

- 1) All sections of this form must be completed and the form should be returned to the address at the top of the previous page.
- 2) All information given on this application will be treated as confidential and will not be disclosed to any unauthorised person.
- 3) A member of staff will contact you to arrange a suitable time to do a routine inspection of the property.
- 4) If you have any queries with regards to disablement relief or have any difficulty completing this form, please contact a member of Local Taxation Section at the telephone number shown overleaf.