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 Website: www.n-kesteven.gov.uk



Address:

Account No (if known):

Prop Ref (if known):

## APPLICATION FOR COUNCIL TAX DISABLED BAND REDUCTION

Please complete this form and return it to us. An Officer from the Council Tax Office may contact you by telephone to complete your application.

### Section 1 – Name and Address of Applicant

First Name	Surname	Address (if different from above)

### Criteria for Application

If one or more of the following applies, you may qualify for a reduction in your Council Tax. (This will be discussed with you, once you have returned this completed application form).

1. Is there a room which is **NOT** a bathroom or kitchen which is predominantly used by and required for, meeting the needs of the disabled person? **YES**  **NO**

What is this room used for? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Is there a second bathroom or a second kitchen which is predominantly used by and required for, meeting the needs of the disabled person? **YES**  **NO**

3. Is a wheelchair used indoors permanently by the disabled person? **YES**  **NO**

## GUIDANCE NOTES

If there is a person within your home with a disability who needs additional space for their wheelchair, or use of an additional bathroom or kitchen or a room for treatment or therapy which meets their specific needs, then your Council Tax bill may be reduced.

If you are entitled to a reduction then your home will be treated as if it were in a lower Valuation Band.

For example a property in a Band C, the Disabled Band Reduction would mean that the property would be treated as if it were in a Band B and the Council Tax would be charged according to the reduced Band.

Even if your property is in a Band A, you will still be entitled to a percentage reduction.

All Disabled Band Reductions are reviewed on an annual basis and you will receive a review form every 12 months.

To ensure that your Band Reduction is not interrupted or cancelled, please ensure that any review forms issued are returned to us.

Please remember to sign the declaration at the bottom of this form and include a daytime telephone number to allow us to verify your details and process your application.

**If you require any help or assistance in completing this form please contact:  
The Revenues Department on 01529 414155**

### Declaration

Signature:

Date:

Print Name:

Contact Telephone Number:

Email address:

Please post and return your completed application form to

**Revenues and Benefits, PO Box 1257, Lincoln, LN5 5PQ**

North Kesteven District Council is under a duty to protect the public funds it administers and to this end may use the information you have provided in respect of your council tax liability for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.