

# COUNCIL TAX

## Disablement Band Reduction Claim Form

**Data Protection** - We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

**Please read the notes on Page Three of this form  
and then complete each section in BLOCK CAPITALS**

**Details of the person making the claim**

- Title \_\_\_\_\_ Name \_\_\_\_\_
- Current Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

**We may have to contact you again to obtain evidence in support of your claim or with a view to arranging a visit to your property. Please provide contact details below:**

- Daytime Telephone Number \_\_\_\_\_
- E-mail Address \_\_\_\_\_
- Council Tax Reference Number \_\_\_\_\_

**Details of the disabled person**

- Title \_\_\_\_\_ Name \_\_\_\_\_
- Brief nature of disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Date disabled person moved into the property \_\_\_\_\_

**Details of special facilities**

- | Do any of the following exist in the property?   | Date available for use |
|--|------------------------|
| <ul style="list-style-type: none"> <li>• A room which is not a bathroom, a kitchen or a lavatory and which is predominantly used (whether for providing therapy or otherwise) by, and is required for meeting the needs of the disabled person <i>(please tick)</i>    <input type="checkbox"/> Yes   <input type="checkbox"/> No   or;</li> </ul> | <p>_____</p>           |
| <ul style="list-style-type: none"> <li>• A bathroom or kitchen which is not the only bathroom or kitchen within the dwelling and which is required for meeting the needs of the disabled person <i>(please tick)</i>    <input type="checkbox"/> Yes   <input type="checkbox"/> No   or;</li> </ul>  | <p>_____</p>           |
| <ul style="list-style-type: none"> <li>• Sufficient floorspace to permit the essential use of a wheelchair by the disabled person within the property <i>(please tick)</i>    <input type="checkbox"/> Yes   <input type="checkbox"/> No   or;</li> </ul>  | <p>_____</p>           |
| <ul style="list-style-type: none"> <li>• Date you are claiming Disablement Band Reduction from:</li> </ul>   | <p>_____</p>           |

**DECLARATION - ALL APPLICANTS MUST COMPLETE THIS SECTION**

**Please read this declaration carefully before you sign and date it**

**SECTION ONE**

**Warning: It is an offence to give false information.**

**If someone has completed this form on your behalf, you must make sure that it has been read back to you in full and you understand everything before you sign the declaration.**

- This is my claim for Disablement Band Reduction;
- I declare that the information I have given on this form is correct and complete;
- I authorise the Highland Council to check the information I have given and make any necessary enquiries to verify the information on this form;
- I understand that if I give information that is wrong or not complete or fail to report a change which may affect my Disablement Band Reduction, I may have to pay a fine of up to £200. I have no objection to the Council inspecting my property.

**All persons named on the Council Tax bill/responsible for payment of the Council Tax must sign below**

- Claimant's signature \_\_\_\_\_ Date \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION TWO**

**This section must be completed if the claim form has been filled in by someone else on your behalf. This includes voluntary organisations, an appointee, relative or representative of the Council.**

- Please PRINT the name of the person who completed this form \_\_\_\_\_  
\_\_\_\_\_
- Their address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Their telephone number \_\_\_\_\_
- Relationship to any of the persons who have signed the declaration in Section One of this form \_\_\_\_\_  
\_\_\_\_\_
- Please give the reason why the claimant was unable to complete the form \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **I declare that I have filled in this form for the person(s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.**

Signature of person completing form \_\_\_\_\_ Date \_\_\_\_\_

- **I declare that the person named in Section Two has completed this claim form on my behalf and has read it back to me in full. I confirm that I understand the nature of this claim and the details provided in this form.**

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_

**NOTES for completion of the  
Disablement Band Reduction Claim Form**

If your property is the permanent home of a substantially and permanently disabled person and it has certain features which are essential for the disabled persons well-being, you may be entitled to a reduction in the amount you have to pay. The reduction is applied by reducing the band your property is currently in, to the band immediately below that. Example: If your property is in a band D it can be reduced to a C. Please note - You can get a reduction even if your property is in band A.

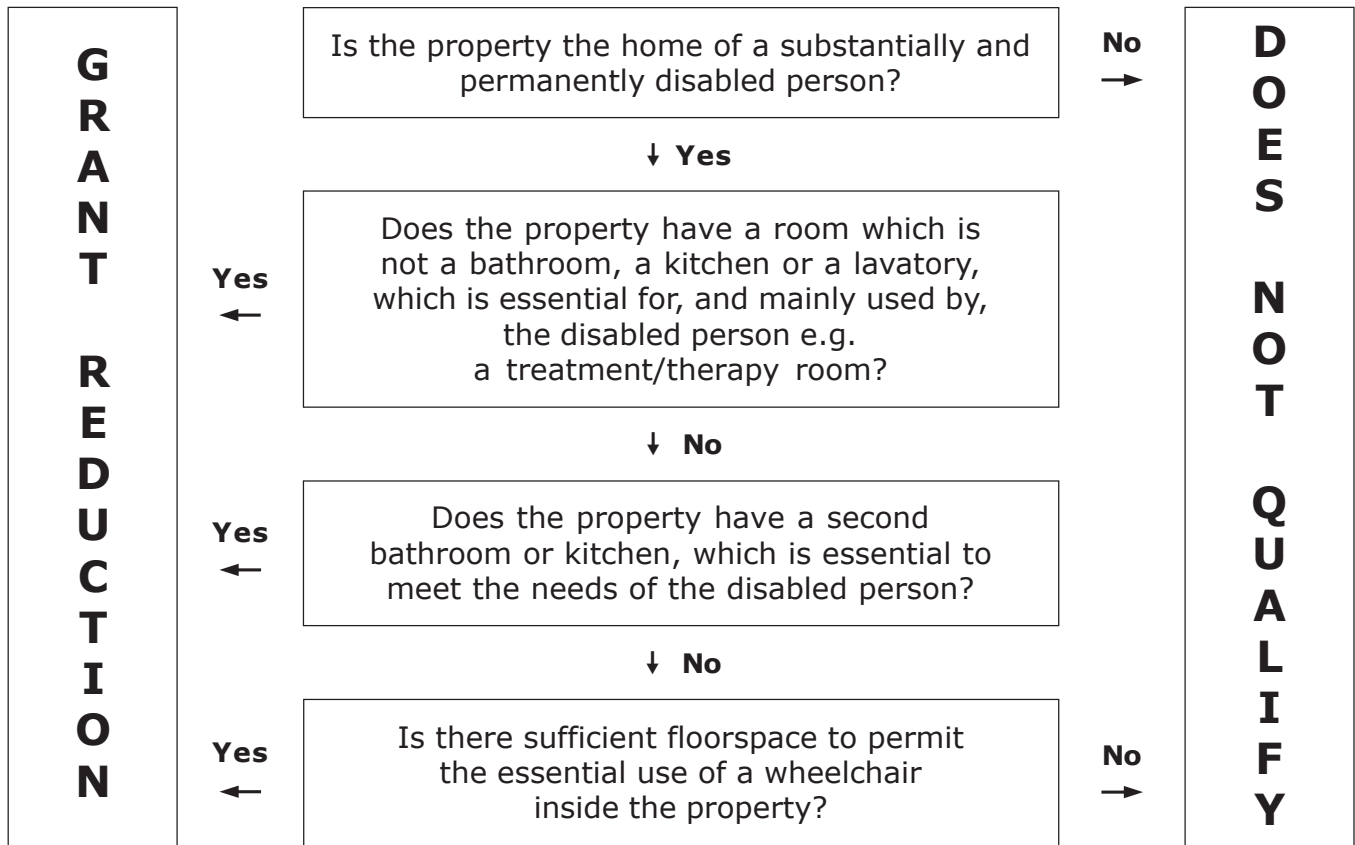
This reduction is only applicable to the main place of residence of the disabled person and for their period of residence. You must advise your local office immediately should the disabled person vacate the property permanently for the Disablement Band Reduction to be cancelled.

**If you need help and advice** to complete the form please telephone **0800 393811** or visit one of our Service Points or e-mail us at: [operations.team@highland.gov.uk](mailto:operations.team@highland.gov.uk) Please do **NOT** send personal data to this email address.

**Completed forms should be returned to:** Operations Team, Highland Council, PO Box 5650, Inverness, IV3 5YX.

**Until your claim has been dealt with, you must continue to make payment** as detailed in the last bill we sent to you. If we award a Disablement Band Reduction we will send you a revised bill which will include all of the payments you have made. If you have overpaid your account we will send you a cheque for the overpaid amount.

**Disablement Band Reduction Decision Chart**



**Please note:** It will be necessary for an officer from the Highland Council to inspect your property in order to validate this claim.