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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Council Tax Account Number: \_\_\_\_\_  
Postcode: \_\_\_\_\_

## **COUNCIL TAX – REDUCTION FOR DISABILITIES**

You have recently indicated that you wish to apply for a reduction for a resident disabled person. I shall be grateful, therefore, if you will answer the questions below and return the form.

**1. Applicant's name and address:**

Daytime telephone number:  
(this will be helpful in arranging a convenient time for inspection of the dwelling)

**2. Disabled person:** (the disabled person must be living in the dwelling for which the reduction is sought)

Name:  
Address (if different from above):

Nature of disablement:

Name and address of doctor:

**3. Grounds for application:**

Is there:

(i)	A <u>special</u> room predominantly used by and required for meeting the needs of the disabled person (but not a kitchen, bathroom or lavatory)?	Yes/No
(ii)	A <u>second</u> bathroom or kitchen required for meeting the needs of the disabled person?	Yes/No
(iii)	A wheelchair used indoors by the disabled person with sufficient floor space for its use.	Yes/No

If you have answered 'Yes' to any of the above three questions, you are required to provide evidence of any alterations which have been carried out to the property to meet the criteria.

**4. Date:** (what date do you want the reduction applied from?)

The information collected on this form is necessary to administer your Council Tax and fulfil the council's statutory functions, and will not be used for any other purposes.

**Privacy Notice** - Borough of Broxbourne Council is committed to protecting your privacy when you use our services. Our Privacy Notice explains how we use information about you and how we protect your privacy. <https://www.broxbourne.gov.uk/resident/privacy-policy>.

**Declaration:**

I declare that the information given on this form is correct to the best of my knowledge and undertake to notify you immediately if I believe that I am no longer eligible for the discount granted in respect of this application.

I understand that the information on this form may be checked, stored on and processed by computer, it may be checked with other information held by the Council and be disclosed for other Council purposes as described on the register entry compiled by the Data Protection Registrar.

Signed..... Full Name..... Date.....

Telephone Number: Home..... Mobile.....

You do not have to supply your telephone number but it will be helpful if you do so.