

[Name.....]

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[Address

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[Postcode .....]

**London Borough of  
Hammersmith & Fulham**

PO Box 1453, London W6 9UU

Tel: 0845 803 1020

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Email: [businessrates@lbhf.gov.uk](mailto:businessrates@lbhf.gov.uk)

Web: [www.lbhf.gov.uk](http://www.lbhf.gov.uk)

Typetalk: 0800 500 888

### Applying for council tax reduction for residents with a disability

Please complete sections A to D in block capitals, sign the declaration & return this form in the envelope provided

<b>A – The Applicant</b> (only people who are liable to pay the council tax can apply)	
Name:	Account ref no
Property Address:	
Daytime Tel No:	email:
<b>B – The Disabled Person</b>	
Name:	
Is the property his/her main home? <b>Yes / No</b>	
What is the nature of his/her disability?	
<b>C – The Property</b>	
Does the disabled person need and use a wheelchair indoors? <b>Yes / No</b>	
Is there a second bathroom or kitchen needed and used by the disabled person? <b>Yes / No</b>	
Is there a room which is mainly used by & required to meet the needs of the disabled person? <b>Yes / No</b>	
Please supply details of use of room and any special equipment:	
If you answered 'yes' to any of the above, please provide the date the disabled person started using the room or wheelchair indoors :     /     /	

**D – Health Professional** (disabled persons doctor / occupational therapist / social worker)

Name:

Address:

Daytime Tel No:

**Please note** -The council may contact the health professional to confirm your application.

**Declaration**

The information given on this form is correct to the best of my knowledge and belief. I undertake to notify the council immediately if I believe that I am no longer entitled to receive a reduction granted on the basis of this application.

Signature:

Date:

**If you knowingly supply false or incorrect information you could be liable to pay a penalty**

**Important information for all applicants**

In assessing this application, the council will need to be satisfied that:

- a) There is a disabled resident who needs either space for a wheelchair to be used inside the home, or an additional kitchen, bathroom or other room.

**or**

- b) The space or room is essential or of major importance to the well being of the disabled resident because of the nature and extent of their disability.

Any reduction granted will take effect from the beginning of the financial year in which the council receives your application or the date the disabled person started using the wheelchair or room (whichever is the later).

If you have any queries regarding this matter please contact us on 0845 803 1020