

Wandsworth Council

Council Tax Service
PO Box 500
London SW18 2PN

Telephone: 020 8871 8080
Fax: 020 8871 8148
E-mail: counciltax@wandsworth.gov.uk
Switchboard: 020 8871 6000
Minicom: 020 8871 8089
Web: www.wandsworth.gov.uk

Our ref:
Your ref:
Date:

Dear

Council Tax Reductions for People with Disabilities

You have indicated that your home has been specially adapted to provide additional facilities for a disabled person. If the adaptation is considered to be essential or of major importance to the well being of that person, due to the nature of their disability, then a reduction in the council tax bill may be awarded.

To qualify for this reduction, the adaptation must fall into one or more of the following groups:

- i) a room, other than a bathroom, kitchen or lavatory, which is used mainly by the disabled person;
- ii) a second bathroom or kitchen;
- iii) extra space inside the property to allow for wheelchair circulation.

A home visit may be necessary to clarify your claim. If this is necessary the member of staff will provide identification for you.

If you believe your property falls into any of the groups above please complete and return the enclosed application form as soon as possible. a pre-paid envelope is enclosed.

Yours sincerely

Council Tax Service

Reductions for People with Disabilities

Please note;

- the applicant must be responsible for paying the Council Tax for the property which has been adapted for use by a disabled person;
- the applicant may also be the disabled person;
- the disabled person must be living in the dwelling for which the reduction is being sought.

1) Applicant

Name _____

Address _____

Day-time telephone number _____

2) Disabled Person

Name _____

Address (if different from above) _____

3) Grounds for Application

	Delete as appropriate
(i) A room which is predominantly used by and required for meeting the needs of the disabled person?	YES/NO
(ii) A second bathroom or kitchen required for meeting the needs of the disabled person?	YES/NO
(iii) Has the property been adapted to allow for extra space required for a wheelchair?	YES/NO

Declaration

I declare that to the best of my knowledge, the information given on this form is true and complete. I will notify you immediately if I believe that I am no longer eligible for a reduction for people with disabilities.

Signature of applicant _____

Date