



REVENUE SERVICES,  
HOLT ROAD, CROMER, NORFOLK, NR27 9EN

For guidance or advice on completing this form  
EMAIL [ctax@north-norfolk.gov.uk](mailto:ctax@north-norfolk.gov.uk)

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01263 513811



**Application for DISABLED BAND REDUCTION :**

**Band Reduction for Disabled Persons:**

**Summary**

You can get a disability reduction if your home has certain facilities for meeting the needs of a person with a disability, whether it is an adult or a child, provided they are living in the property.

These are:

- A room (other than a kitchen or bathroom) which is mainly used by the disabled person, or;
- An extra kitchen or bathroom required for meeting the disabled person's needs, or;
- Enough floor space or widened doorways to allow a wheelchair to be used indoors.

**The Council Tax (Reduction for Disabilities) Regulations 1992, and, The Council Tax (Reduction for Disabilities) (Amendment) Regulations 1999 SI No 1999/1004**

**IMPORTANT:** The disabled person must live in the dwelling on a permanent basis. The reduction will be equivalent to a re-banding of the dwelling into the band immediately below that shown in the Valuation List. In the case of a band "A" dwelling, the reduction will be equivalent to 1/9<sup>th</sup> of a band "D" rate.

It will help to establish entitlement to relief and to speed the Council's decision on the application if you are able to get the certificate below completed by your doctor or any suitably qualified person.

Once your application has been received a visit will be arranged in order to assess that the property meets the requirements stated overleaf.

Council Tax Reference Number:

**Certificate**

I hereby certify that ..... is a disabled person for whom the facilities indicated overleaf are essential or of major importance to him/her because of his/her disability and that the property has been adapted in accordance with Question 3 overleaf.

The disabled person's address is: .....

.....

Signed: .....

(Doctor, Therapist, Social Worker etc.) .....

Address: .....

.....

**Application for a Valuation Band Reduction due to Disability**

Council Tax Reference Number: .....

- 1. Disabled Person .....
- Position held in household .....
- Nature of Disability .....

2. Address of property: .....

.....

3. Reason for Application – is there:

A room which is predominantly used by and required for meeting the needs of the disabled person? YES / NO

If YES, please give full details of the room concerned.

(b) A second bathroom which is required for meeting the needs of the disabled person? YES / NO

(c) A second kitchen which is required for meeting the needs of the disabled person? YES / NO

(d) A wheelchair used indoors by the disabled person? YES / NO

**Declaration**

The information given on the form is correct. I undertake to notify you immediately if I believe that I am no longer eligible for a reduction granted in respect of this application.

Signature of applicant: ..... Date: .....

Daytime telephone number: .....