

Revenues & Benefits Service

Please return this form completed to London Borough of Hackney, Council Tax Section, Keltan House, 89-115, Mare Street, Hackney, London E8 4RU.

APPLICATION FOR COUNCIL TAX DISABLED BAND REDUCTION

When completing this form, please make sure your address and reference number are clearly written.

<input type="text" value="1"/>	Name	<input type="text"/>
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<input type="text" value="2"/>	Council Tax Reference	<input type="text"/>
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<input type="text" value="3"/>	Your address	<input type="text"/>
		Post Code

<input type="text" value="4"/>	Address of property concerned (if different from 3 above)	<input type="text"/>
		Post Code

<input type="text" value="5"/>	Name of the Disabled person	<input type="text"/>
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<input type="text" value="6"/>	Age (if under 18)	<input type="text"/>
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<input type="text" value="7"/>	Nature of the Disability	<input type="text"/>
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<input type="text" value="8"/>	Feature giving rise to the application (please tick)	
	▪ a room other than a bathroom, kitchen or toilet	<input type="checkbox"/>
	▪ a second kitchen or bathroom	<input type="checkbox"/>
	▪ sufficient space for the disabled person to use a wheelchair indoors	<input type="checkbox"/>

continued

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Please arrange for a suitable qualified person to complete this part

Name of the disabled person **In my opinion this person is / is not substantially and permanently disabled and requires the special feature above due to their disability.**

Name

Occupation

Address
Post Code

Telephone No

Signature

Date / /

.....
Additional Information – please add any additional information in support of your claim

Declaration

- **I confirm that the information given is correct to the best of my knowledge**
- **I understand Hackney Council may make enquiries to verify the information given**
- **I understand that I must notify the Council immediately if my circumstances change**

Signed

Name (in capitals)

Contact Number