People with certain disabilities may be entitled to a reduction in council tax. Your income does not affect your claim and it does not matter which council tax band your property is in. We can reduce the council tax if a physically disabled person needs at least one of the following:

- An extra bathroom or kitchen
- Extra space for a wheelchair if they need to use a wheelchair inside
- A room that is used mainly to meet their needs

Name *
First

Last

Address *
Address Line 1

Address Line 2

City

County

Postcode

Country

Telephone *

Email
Disabled Person

Name of Disabled Person *
First Last

Address
Address Line 1

Address Line 2

City

County

Postcode

Country

Is this person Substantially or permanently disabled?
Please select

Brief description of the disability *

Registered disabled number (if any)

Grounds for Application
Does the property contain:-

A 2nd bathroom or kitchen which is required for meeting the needs of the disabled person *
Please select

Sufficient floor space to allow the use of a wheelchair needed indoors by the disabled person *
A room other than a bathroom, kitchen or lavatory which is predominantly used for the treatment or care of the disabled person because of the nature or extent of their disability *

Please give a brief description of the nature and usage of the room in the box below

Declaration

Fair processing notice
Blackpool Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Preventing and detecting fraud
Blackpool Council must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud. For further information, see www.Blackpool.gov.uk

The information given in support of this application is true to the best of my knowledge. Should the application prove successful then I undertake to inform the council immediately if I believe that I am no longer entitled to disabled reduction. I authorise any enquiry which may be necessary to verify the information provided on this application. *

I agree

The council may need to inspect your property to assess your application

Name of Applicant *

First

Last

Date *

SUBMIT