



Council Tax Reduction for a Disabled Person

Application form

This form must be filled in by the Council Tax payer.

Your full name: _____

Address: _____

Postcode: _____

Phone number (we need this to make an appointment): _____

Full name of disabled person (if different from above):

What is their disability?

My home has been altered in the following way:

(please tick the boxes which apply):

A room (not kitchen bathroom, or toilet) that is used mainly by the disabled person.

An additional bathroom or kitchen for the use of the disabled person, or

Extra floor space inside the home to allow the use of a wheelchair.

I declare that the information I have given is correct.

I know that I must tell you know about any changes in circumstances which might affect any reduction I may qualify for.

Signed: _____ **Date:** _____

Fill in and send this application form to:

Revenues Office, Thanet District Council Offices,
P O Box 9, Cecil Street, Margate, Kent CT9 1XZ.