

**Council Tax  
Disabled Band Reduction Form**

2 pages

Only the person responsible for paying the Council Tax must fill this in

**Part 1 Who is responsible for paying the Council Tax**

Full name of the liable person:

Address:

  
  
  

Postcode:

Phone number:

Email:

**Part 2 About the disabled person**

The disabled person could be the same person as above but it doesn't have to be.

Full name of the disabled person:

Their date of birth:

 /  / 

Does the disabled person live at the above address:

No

Yes

Brief details of their disability:

**Part 3 Do you think you will qualify because:**

The disabled person uses a wheelchair in your home?

No

Yes

You have an extra bathroom or kitchen, which is used to meet the needs of the disabled person?

No

Yes

You have another room not a toilet with a wash basin, which is used to meet the needs of the disabled person?

No

Yes

If you answered 'Yes' to the above question please give brief details of the room, where it is in your home and how it is used?

**Part 4**

**Declaration**

I declare the information I have given on this form is correct and complete.

I know I must let the council know within 21 days if my circumstances change.

**Signature:**

**Date:**

/ /

**For a large print version please phone 01942 828601**

**Please return this form to Wigan Council, Citizen Support Services, P.O Box 100, Wigan. WN1 3DS**