## APPLICATION FOR COUNCIL TAX DISCOUNT – DISABLED PERSONS

## PART A - DISABLED PERSONS Council Tax Account Reference Number: 1. Name of the disabled person: ..... 2. Address: 3. Date of Birth (if under 18): 4. Is the above property the disabled person's main home?: 5. If NO, please give the address of his/her main home: ..... 6. Nature of his/her disability: PART B - PROPERTY - Is there:-1. A second bathroom or kitchen required for meeting the needs of the disabled person? YES/NO\* (A second bathroom can include a shower room in addition to an existing bathroom) 2. A room predominantly used by and required for meeting the needs of the disabled person? YES/NO\* If YES, please give details: ...... 3. Is a wheelchair used indoors by the disabled person? YES/NO\* If YES, please enclose confirmation from the disabled person's doctor that a wheelchair is required indoors. 4. Please give the date the above feature (1 to 3) was required for meeting the needs of the disabled person: ..... \* Please delete where appropriate **DECLARATION** I declare that the information given on the form is complete and accurate to the best of my knowledge. REMEMBER, if you give false information, you may be prosecuted. In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations that handle public funds. Signature: ..... Date: ..... Tel. No.: ..... Full Name (BLOCK CAPITALS): .....

Information will only be used by Mid Sussex District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.

Please send form to: Mid Sussex Revenues and Benefits Services, PO Box 10607, Nottingham, NG6 6DU