



Please write your name and address in this box.

Customer Services
Stirling Council
Viewforth, Stirling, FK8 2ET
Phone (01786) 443210
e-mail: finservices@stirling.gov.uk

For office use only CT20. 03/06 (I)

Payment Ref	
Date	

Council Tax Discount : Claim Form

People with a disability

Background

You may be eligible for relief if you, or a member of your household have a substantial and permanent disability. If you get relief your bill will be reduced to the council tax for the next lower valuation band. For example if your house is in band C you would be charged band B. Band A houses can also get a reduction.

How to Claim (Complete in BLACK INK)

Please fill in this form and send it back in the postage paid envelope. If you need any help to fill in this form please contact us.

If you can't manage in, please ask for someone to visit you at home.

We need a new form from you every year.

Section 1 : About the person with the disability

Please give details about any person living in your household who has a **substantial and permanent** disability

Name _____ Age (if under 18) _____

Nature of disability _____

We will contact you if we need a doctor's certificate to support your application

Please turn over

Section 2 : Qualifying conditions

1. The person with a disability needs to use, and uses a wheelchair indoors Please tick
Yes No

OR

2. The property has one of the facilities or features below.

These must be essential or of major importance to the well being of the person with the disability.

- Is there a second bathroom, shower room or kitchen ? Please tick
Yes No
(An additional lavatory does not count)

- Is there a room which is mostly used to meet the needs of the person with the disability ? (For example - a room used for kidney dialysis)

Please give details of the room

Date from which relief is requested

We may visit your property

Section 3 : Declaration

1. I declare that all the details that I have given on this form are true and complete.
2. I shall notify the Council immediately if any of the details change.
3. I understand that Stirling Council must protect public funds and may use these details to prevent and detect fraud. I understand that the information may also be shared for the same purposes with other organisations handling public funds.
4. I understand that under the Data Protection Act I have a right to a copy of the information Stirling Council holds on me and that I may be charged for this service.

Signed
(Householder)

Date

e-mail address

Daytime
Phone No

(in case of query)