

Council Tax

Application for Reduction for Disabilities



NEWPORT
CITY COUNCIL

CYNGOR DINAS
CASNEWYDD

Please return this form to:

Council Tax, PO Box 886, Newport, NP20 9LU

If you require assistance, please telephone: **(01633) 656656**

PART A The Applicant

Applicant's Name _____ (Must be person liable for Council Tax) Address _____ _____ Post Code _____
Are you: Owner/Occupier/Tenant/Lodger (delete as appropriate)
Disabled Person's Name _____ (if different from applicant) Relationship to Applicant _____ Nature of Disability _____

PART B The Dwelling

The property has at least one of the following features:

a) A room predominantly used by the disabled person.
Please provide a brief note of how the room is mainly used
to meet the needs of the disabled person.

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b) A second bathroom or kitchen
(A second lavatory will not qualify)

c) Space for, and use of, a wheelchair indoors

We will probably need to visit you. Please provide a daytime telephone number or email address, so that an appointment can be arranged:

Daytime telephone number: _____

Email: _____

Declaration – I declare that the information given on this application is correct and agree that the Council may make any necessary enquiries to check the information. I agree to inform the Council immediately of any changes which may affect my entitlement to a reduction in Council Tax.

WARNING – GIVING FALSE INFORMATION MAY RESULT IN PROSECUTION

Signed _____ Date _____