

# 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?: YES/NO\*
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.**

Signature: ..... Date: ..... Tel. No.: .....

Full Name (BLOCKCAPITALS): .....

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

**Please note:** Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions.

Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice> for further details.