



CITY OF
YORK
COUNCIL

COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA
TEL: (01904) 551558 EMAIL: council.tax@york.gov.uk

APPLICATION FOR DISCOUNT Disability-related Banding Reduction (DBR)

Date of Issue:

Property reference:.....

- Only a person who is liable to pay the council tax can apply for a reduction
- The disabled person must be living in the property as his sole or main residence
- Only one reduction may be granted per dwelling even though more than one disabled person may be living there
- If you are awarded this reduction then your bill will be reduced as if property were placed in the band immediately below the property's band as shown in the Valuation List (e.g. a Band C would be reduced to a Band B charge). The Valuation List will not be amended. If your property is in Band A then your bill will be reduced by 1/6th of a Band A charge.

Name of applicant and address for which the reduction is sought

Name:

Address:

Name of the disabled person and details of the disability

Name:

Date disability commenced:

Nature of the disability and needs of the disabled person:

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Date you would like the application to be considered from:/...../.....

Grounds for Application

Is there:

- a) A room, which is not a kitchen or bathroom, which is predominantly used by and required for meeting the needs of the disabled person?

YES NO

If YES, please specify which room, what the room is used for, and why it is required specifically for meeting the needs of the disabled person.

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- b) A second bathroom or kitchen which is predominantly used by and required for meeting the needs of the disabled person?

YES NO

If YES, please specify which room and why it is required specifically for meeting the needs of the disabled person.

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- c) A wheelchair which the disabled person needs to use within the property?

YES NO

PLEASE NOTE THAT THE REDUCTION IS CAN ONLY BE CONSIDERED IF 1 (OR MORE) OF THE ABOVE 3 CRITERIA ARE MET

Declaration

I declare that the information given on this form is, to the best of my knowledge, true and accurate. I will notify City of York Council as soon as possible if I believe I am no longer eligible for a reduction granted in respect of this application. I agree that City of York Council may reasonably request further information from me to enable it to make a decision regarding this application.

Full Name: Date:.....

Signed: Contact number / email: