# Council Tax Reduction for Disability



Account Number	Property Ref			
	Tropolty Itel			
Address of Property				
L				
Name of disabled [				
Person living in the property				
the property				
Please tick whichev	er of these applies to your property:			
Tiodoo tiok willonov	si oi tiloso applios to your property.			
It has an extra	bathroom or kitchen required for meeting the needs of the disabled person			
it mas air <b>c</b> xii a	baaneem er mienten requires neremig ane meede er ane diedeled percen			
There is a room ( <b>not</b> a bathroom, lavatory or kitchen) that is used mainly by the disabled				
person and is required for meeting their needs				
There is sufficient floor space for the disabled person to use their wheelchair within the				
property (if applicable)				
Declaration				
I declare that the info	rmation I have given is true and accurate to the best of my knowledge and			
Full Name (block cap	itals)			
Signed	Date			
i elepnone Number (i	n case we have any queries)			
Disassing	this application to your Destance that we have a second of			
Please pass this application to your Doctor so they can complete the certificate overleaf before you send this to us.				
This council is under a duty to protect the public funds it administers and to this end may use the				

This council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. See <a href="https://www.tmbc.gov.uk/DPNotice">www.tmbc.gov.uk/DPNotice</a> for further information.

## Council Tax Reduction for Disability



#### **Doctors Certificate**

#### **Request to Doctor:**

For the purposes of the Local Government Finance Act 1992, a person is classed as disabled when there is a substantial or permanent disability (whether by illness, injury, congenital deformity or otherwise).

Please complete this certificate stating whether the person named overleaf is disabled.

Name of disabled person				
Nature of disability				
In my opinion, the person named above is disabled and has been so since				
Doctor's signature: Date:				
Doctor's full name: (block capitals)		Doctor's Stamp		
Surgery/Hospital Address:(block capitals)				
Doctor's Status:				
(GP, etc)				



### When completed, please return to:

Financial Services
Tonbridge & Malling B.C
Gibson Building
Gibson Drive
Kings Hill
West Malling
Kent. ME19 4LZ



#### **HOW TO CONTACT US**

Phone: 01732 876080

Lines open: 8:30am – 5:00pm Mon – Fri



#### Minicom:

01732 874958 (text only)



E-mail: financial.services@tmbc.gov.uk
Or visit our offices at Kings Hill, West
Malling (open 8:30am – 5:00pm Mon – Fri)