



Nicola Bishop ACA
 Chief Finance Officer
 Trafford Council
 PO Box 65
 Sale
 M33 6BY

	Your reference number: Date: When calling or phoning about this matter, please ask for: Customer Services Phone: 0161 912 2220 Minicom: 0161 912 2102 Fax: 0161 912 2369 E-mail: council.tax@trafford.gov.uk DISBR
The property this letter relates to:	

Council Tax – Application for a disabled person’s reduction

To qualify for a disabled person’s reduction, you must meet at least one of the conditions below. To apply for the reduction, please fill in and return this form to Council Tax and Benefits Section, PO Box 65, Sale, M33 6BY.

- 1 Your name
- 2 Daytime phone number
- 3 Name of the disabled person
- 4 Nature of the disability

Reasons for application (please tick the relevant boxes)

	A - A room other than a bathroom, kitchen or toilet , that is mainly used by, and needed to meet the needs of, the disabled person
	B - A second bathroom or kitchen provided to meet the needs of the disabled person
	C - A wheelchair used indoors that is needed to meet the needs of the disabled person

Declaration

I declare that, as far as I know, the information given is true and complete. **I will tell you immediately if any of the above circumstances change.**

Signature: **Date:**

Inspection Report

Inspectors remarks:

Inspector's signature:

Date of Inspection: