



Nicola Bishop ACA
 Corp. Director of Finance
 Trafford Council
 PO Box 542
 Sale
 M33 0GD

	<p>Your reference number: Please tell us this when you pay.</p> <p>Date:</p> <p>When calling or phoning about this matter, please ask for: Customer Services</p> <p>Phone: 0161 912 2220 Minicom: 0161 912 2102 E-mail: council.tax@trafford.gov.uk DISBR</p>
<p>The property this letter relates to:</p>	

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 Exchequer Services, PO Box 542, Sale, M33 0GD.

- 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 , required to meet the needs of the disabled person, and is mainly used by them.
	B - An additional bathroom or additional kitchen required to meet the needs of the disabled person
	C - Enough space for the use of a wheelchair where one needs to be used inside the property 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: