

HORSHAM DISTRICT COUNCIL  
WORKING IN PARTNERSHIP  
WITH LGSS

0808 164 8610 (Phone calls may be recorded)

<https://www.lgss-revs-bens/Horsham>

## LGSS COUNCIL TAX DISCOUNT APPLICATION FORM – DISABLED PERSONS

### PART A – DISABLED PERSONS

Council Tax Account Reference Number	
Name of the disabled person	
Address	
Date of Birth (if under 18)	
Is the above property the disabled person's main home?	<b>YES / NO</b>
If <b>NO</b> , please give the address of his/her main home	
Nature of his/her disability	

### PART B – PROPERTY – Is there:-

A second bathroom or kitchen required for meeting the needs of the disabled person?	<b>YES / NO</b>
A room predominantly used by and required for meeting the needs of a disabled person?	<b>YES / NO</b>
If <b>YES</b> , please give details	
Is a wheelchair used indoors by the disabled person?	<b>YES / NO</b>
If <b>YES</b> , please enclose <b>confirmation from the disabled person's doctor</b> that a wheelchair is required indoors	
Please give the date the facilities required by the disabled person became essential	

### DECLARATION

I declare that the information given on the form is complete and accurate to the best of my knowledge.

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	

Please send form to: Horsham Revenues and Benefits, PO Box 10745, Nottingham, NG6 6ED