



Please Complete in Black Ink Only

Luton Council Local Government Finance Act 1992

Certificate in support of a claim for Council Tax Reduction for persons with Disabilities.

Name of Disabled Person:	
Address:	

This certificate should be completed by a Doctor or other qualified professional such as an occupational therapist or social worker.

In my opinion (full name) _____

who is resident at: Luton Bedfordshire

is disabled, and because of this needs either space for a wheelchair inside the home, or a special or additional kitchen, a bathroom or other room; and that this space is essential to the well-being of him/her because of their disability. The property has been adapted to meet the needs of the disabled person, or a wheelchair has been used inside the property since _____(date).

Signed _____

Date _____

capacity in which signed _____

This form should be returned to:

Luton Council
Revenues Service
Town Hall
Luton, LU1 2BQ