



Moray Council
TAXATION SERVICES
Non Domestic Rates
2023 Disabled Relief - Application Form

Name.....

Address.....

.....

.....

..... Postcode.....

Office use Only
Account Reference.....
Date of Issue.....
Please return by.....

Introduction

The Rating (Disabled Persons) Act 1978 makes provision for rates relief to be awarded to a property which is used wholly for the purposes of meeting the needs of disabled persons, or for purposes ancillary to their care (Ancillary purposes could include e.g. administrative office space, a laundry or a canteen whose major purpose is to provide a service for the specified premises for which relief is claimed).

Qualification

An award of Disabled Relief may be made if the property is used in one of the ways stated in the **Property Usage** section, overleaf.

Completion Instructions

If you want to apply for this relief, please complete this form in BLOCK CAPITALS and **black ink**.

Parts 1 to 4 should be filled in by the **ratepayer** (as named on the bill).

A **separate** application must be made for each property

For further information or help in completing this form please telephone **(01343) 563456**.

Any information given will be treated in the strictest confidence.

Part 1: Ratepayer Details

Ratepayer's Name

Correspondence Address

.....

.....

..... Postcode.....

Ratepayer's Status (please '✓' the appropriate box)

Charity
(see note overleaf)

Limited Liability Partnership

Private Limited Company

Sole Trader

Other (please state)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Individual

Partnership

Public Limited Company
(see note overleaf)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="text"/>

If the ratepayer is a Public Limited Company or Charity, please provide the information below:

Public Limited Company: State your Companies House Registration Number	
Charity: State your Charity Registration Number	

Part 2: Ratepayer's Property

Property Address.....

.....Postcode.....

Property ReferenceAccount Reference

Description and situation of property for which relief is claimed.....

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Please send a copy of your Constitution or Articles of Association or appropriate Certificate of Registration

Part 3: Property Usage

Is the property used in the provision of any of the following (please '✓' the appropriate box)?

- | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| 1. residential accommodation for the care of persons suffering from illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. residential accommodation for the after-care of persons who have been suffering from illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. residential accommodation for the care of disabled persons? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. residential accommodation for the after-care of disabled persons? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. facilities for training or keeping suitably occupied persons suffering from illness or persons who have been suffering from illness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. facilities for training or keeping suitably occupied disabled persons? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. welfare services for disabled persons? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If "Yes" please give the details of the type(s) of services provided:

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.....

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8. facilities for employment or work for disabled persons on their own account in terms of Section 15 of the Disabled Persons (Employment Act) 1944?

Yes ☐ No ☐

9. sheltered employment (being a work-shop or other facilities) by a local authority in terms of Section 3(1) of the Disabled Persons (Employment Act) 1958?

Yes ☐ No ☐

Any other information which is considered relevant to this application

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Note: "Care" in questions 1 and 3 above does not include provision of medical, surgical or dental treatment and if the premises are mainly used for such purposes the answer to these questions MUST be "No".)

Part 4: Declaration

I declare that

- I am authorised to make this application and that the information submitted in it is true and correct.
- I authorise the Council to make any necessary enquiries to check its content, including cross checking details with other Council Services and external Organisations.
- I undertake to inform you of any change in circumstances as soon as it occurs.
- I understand that if I give information that is incorrect or incomplete or fail to report changes in circumstances, I may incur a penalty and/or be prosecuted.
- I have read and understand the Non-Domestic Rates Privacy Notice, which may be found at <http://www.moray.gov.uk/downloads/file123143.pdf>

Signature

Date

Print Name

Telephone

Email

Mobile

Moray Council is the data controller for this process. The information provided by you for the purposes of determining Non Domestic Rates liability will be stored by us in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. The information that we hold must be accurate, up to date, and kept only for as long as necessary. It is shared only where we are legally obliged to do so. You may refer to our published Non Domestic Rates Privacy Notice for more information. It can be found at <http://www.moray.gov.uk/downloads/file123143.pdf>.

Please return this form to: **Moray Council, Taxation Services, High Street, Elgin, IV30 1BX.**

If you require any further information regarding this form, please contact us by:
Telephone: **01343 563456** Email: ratesforms@moray.gov.uk Visit our website: www.moray.gov.uk