

LPS DISABLED PERSONS ALLOWANCE APPLICATION FORM (DPA)



Land & Property Services
Seirbhísí Talún agus Maoine

THIS BOX FOR OFFICIAL USE

Occupancy ID:

Ratepayer ID:

Account ID:

You can find these details on your rate bill.

The Disabled Persons Allowance (DPA) is a standard 25% rebate; entitlement to this allowance is not automatically awarded to ratepayers who have disabled household member/s. DPA is awarded when a property has at least one of the additional facilities (see guidance notes) which are essential or of major importance to meet the needs of the disabled person living in the property. This allowance is not affected by income or savings.

PLEASE COMPLETE ALL SECTIONS 1–5 IN CAPITAL LETTERS USING BLACK INK AND RETURN TO THE ADDRESS AT THE END OF THE FORM. INCOMPLETE FORMS WILL BE RETURNED.

- NOTES:**
- You can only claim DPA for domestic properties.
 - DPA is awarded from the start of the Rating year in which the application is received or the date from which the facilities are available (if later).
 - The Department can consider backdating your application depending on circumstances and evidence provided that shows it was unreasonable for the Department to expect an earlier application.

If you need help completing this form or require it in a different language, please dial **0300 200 7801** (calls charged at local rate). Dial **18001 0300 200 7801** for Text Relay.

SECTION 1 – RATEPAYERS DETAILS (see part 1 of GUIDANCE NOTES)

Surname

First Names

Address of property for which you are claiming DPA

Postcode

Daytime telephone number

(Provide a phone number where we can contact you or leave a message. This helps us get in touch quickly and may prevent delays in your application)

Ratepayer email address

Do you own the property? Yes No

Do you pay rent on the property? Yes No

If you pay rent for the property, please give the details of your Landlord:

Landlord's name

Landlord's daytime telephone number

Landlord's address

Landlord email address

When did your tenancy start? (DD/MM/YYYY)

SECTION 2 – DETAILS OF THE PERSON(S) WITH A DISABILITY (see part 2 of GUIDANCE NOTES)

Name	National Insurance Number	Date of Birth (DD/MM/YYYY)

Is the property listed in SECTION 1 the main residence of the person or persons listed above?

Yes No

Please tell us about the disability:

Please provide any supporting medical evidence, or evidence of any benefits in relation to the disability, please attach a copy with this application form (eg DLA, PIP or entitlement letter or a report from a GP or Consultant etc). Scanned copies are acceptable when submitting your application via email.

If you are registered deaf, do you need an interpreter for the home visit? Yes No

If English is not your first language, would you like the services of an interpreter? . . Yes No

If you want an interpreter, what is your first language?

SECTION 3A – YOUR HOME (see part 3 of GUIDANCE NOTES)

From the following list, please **tick all the boxes that apply** to your home which are required for meeting the needs of the person with a disability. In order to qualify for DPA you **must** have made one of the facilities below available in the property:

A room, other than those listed below, which is wholly or mainly used by the person with a disability for therapy or other purpose. Any room used as a bedroom will not qualify. You must provide evidence of this room. See guidance notes for details of acceptable evidence.

What room is it? Date room was adapted for disabled person

What is the room used for?

An additional kitchen for use by the person with a disability
How many kitchens does the property have?

An additional bathroom for use by the person with a disability (including en-suites)
How many bathrooms does the property have?

An additional lavatory for use by the person with a disability (including downstairs toilet or additional separate w.c.)
How many lavatories does the property have?

What date did the additional Kitchen, Bathroom and or lavatory become available? (DD/MM/YYYY)

Sufficient floor space to permit the use of a wheelchair by the person with a disability
Does the person with a disability use the wheelchair indoors? Yes No

What date did they start to use the wheelchair indoors? (DD/MM/YYYY)

SECTION 3B – YOUR HOME (see part 3 of GUIDANCE NOTES)

Please use the space below to explain in detail how the facility is of essential or of major importance to the well-being of the disabled person. Please note: disability/mobility aids (eg handrails, ramps, replacing bath with walk in shower etc) alone are not considered as a qualifying facility.

SECTION 4 – OTHER INFORMATION (see part 4 of GUIDANCE NOTES)

We may need to ask more questions about the person(s) with a disability. Can we have your permission to contact the GP or health professional who knows about the person's disability?

Name of GP or health professional

Profession

Telephone number

Address of GP or health professional

Postcode

Email address

I tick to confirm that I give my consent for the Land & Property Services (LPS) to contact the above named person to confirm the nature of my disability or seek any further information required to assess this claim.

Name of Person(s) with disability

Name of Person(s) with disability			

SECTION 5 – DECLARATION (see part 5 of GUIDANCE NOTES)

1. The information I have given is true and complete. If I give any information which I know to be false I may be prosecuted.
2. I understand that I must tell LPS if the person with a disability moves out of the property.
3. I understand that I may have to pay back any overpayment of DPA.
4. I understand that I must continue to make payments to my rate account while awaiting the a decision on my application
5. I understand that the information I have provided in this form may be shared with other government departments in accordance with the Data Protection Act below for the prevention and detection of fraud.
6. I understand that if I do not provide all the necessary evidence and information, my application may be refused.

Name of Applicant (in BLOCK CAPITALS)

Signature of Applicant

Date

By ticking this box hereby certify that the above statements are true and correct to the best of my knowledge. The information I have provided in this application form is true and complete. If I supply or allow to be supplied, any information which I know to be false I may be liable to criminal prosecution.

Data Protection

LPS collects and stores information for the purposes of rating, valuation, mapping and land registration in Northern Ireland. LPS will use and disclose/share the information you provide in full compliance with the Data Protection Act 1998 and the Department of Finance's Data Protection Policy.

FOR INFORMATION

You should continue to pay your rate account while your application is being considered.

This will enable you to reduce the amount owing if your application is unsuccessful.

If your application for relief is successful, monies already paid will be refunded if appropriate.

FURTHER INFORMATION (IF NECESSARY)

GUIDANCE NOTES DISABLED PERSONS ALLOWANCE APPLICATION

GENERAL INFORMATION

This allowance is available to rate payers to reduce your annual rates liability by 25%. You could be entitled to the reduction if you, or someone you live with, has one of the qualifying facilities AND is substantially and permanently disabled. It is available to reduce the additional rates cost as you are required to live in a larger property than you would need to if you or the person who lives with you were not disabled.

The qualifying facilities are:

- A room, other than a kitchen, bathroom or lavatory, used mainly by the person with the disability. You must provide photographs of this room with your application. If not, your application may be refused;
- An additional kitchen, bathroom or lavatory for the use of the person with the disability; and/or
- Sufficient floor space to permit the use of a wheelchair used by and required for meeting the needs of the person with a disability. The person with a disability must use a wheelchair inside the property.

Please note that disability/mobility aids alone are not considered as qualifying facilities. This includes internal and/or external handrails or ramps, and replacing a bath with a walk in shower.

A member of the DPA team may phone you to ask for additional information in relation to your claim or they may arrange with you to visit the property to see how it has been adapted.

You will get a 25% reduction in your domestic rates bill if you have met the conditions for Disabled Person's Allowance. The reduction is awarded from the start of the Rating year in which the application is received OR the date from which the facilities are available.

You can only claim DPA for a domestic property.

1 RATEPAYER'S DETAILS

You should fill in this form if you are:

- The ratepayer - the person who pays the rates for the property.
- A tenant in a NIHE, Housing Association or privately-rented property, please complete section 1.

Please provide your telephone number so we can contact you for further information, or to arrange a suitable date and time if a home visit is required.

2 PERSON WITH A DISABILITY

Under Article 31A of the Rates (NI) Order 1977, as inserted by Article 16 (3) of the Rates (Amendment) (NI) Order 2006 a person has a disability if they:

- a.** Are substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise); **or**
- b.** Suffer from a mental disorder within the meaning of the Mental Health (Northern Ireland) Order 1986.

Please tell us about the disability. If you have any supporting medical evidence or evidence of any benefits in relation to the disability, please send us a copy of the entitlement letter with this application form. Please tell us on the application form if you require an interpreter during the visit to the property.

3 YOUR HOME

Please tell us what facilities your home has from the list provided. **If your property does not have any of the facilities on the list you will not qualify for DPA.** Use the space provided to give more detail on why the facility is required to meet the needs of the person with a disability.

There must be a clear link between how the property has been adapted and the disability, or DPA will not be awarded.

GUIDANCE NOTES DISABLED PERSONS ALLOWANCE APPLICATION (CONTINUED)

4 OTHER INFORMATION

We will only contact the GP or Health Professional if we need more information about the person's disability. The person with the disability should sign this part of the application form to give us their permission to contact the GP or Health Professional.

If the person with the disability refuses to give permission for Land & Property Services (LPS) to contact a health professional for more information about the disability, or if they do not let the DPA Team into their property to see how their home has been adapted, the application may be refused.

5 DECLARATION

Please tick the boxes on the application form to show that you understand and agree to the statements listed in the declaration.

Ensure all information/ evidence is provided when submitting this application form. If it is not provided, the application will be rejected.

You **must** tell us if the person(s) with the disability moves out of the property.

**PLEASE
RETURN THIS
COMPLETED
FORM TO:**

Post:
Application Based
Rate Relief Team
Land & Property Services
Lanyon Plaza
7 Lanyon Place
Belfast, BT1 3LP

Email:
DPA.raterelief@finance-ni.gov.uk

CONTACT US

Dial **0300 200 7801**
(calls charged at local rate)
and ask for the Application
Based Rate Relief Team

If outside UK, dial
+44 28 9067 5501

Text Relay
18001 0300 200 7801

Email:
DPA.raterelief@finance-ni.gov.uk



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