

LPS DISABLED PERSONS ALLOWANCE APPLICATION FORM (DPA)



THIS BOX FOR OFFICIAL USE

Occupancy ID:

Ratepayer ID:

Property Reference:

You can find these details on your rate bill.

The Disabled Persons Allowance (DPA) is a 25% reduction in rates for any household where a person with a disability lives and the property has been adapted or has additional facilities added. This allowance is not affected by income or savings.

NOTES:

- 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.
- 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 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)

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Miss

Other

Surname

First Names

Address of property for which you are claiming DPA

Postcode

Daytime telephone number

(This should be a number where we can contact you or leave a message as phoning you can save time and could also save you having to fill in more forms.)

Do you own the property? ☐ Yes ☐ NoDo 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

Postcode

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	Date of Birth (DD/MM/YYYY)

Do the above person or persons usually live in the property listed in SECTION 1? .. ☐ Yes ☐ No

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 with this application form (e.g. DLA, AA, entitlement letter or a report from GP or Consultant etc.)

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?

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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.

What room is it?

What is it 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?

- ☐ **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

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

Please use the space below to explain in more detail why the facility is required to meet the needs of the person with a disability.

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

I 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 (in BLOCK CAPITALS)	Signature of Person with a disability
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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.

Name of ratepayer (in BLOCK CAPITALS)

Signature of ratepayer

Date

DD/MM/YYYY

Data Protection Act

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 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)

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GUIDANCE NOTES DISABLED PERSONS ALLOWANCE APPLICATION

GENERAL INFORMATION

If your property has certain facilities which are required to meet the needs of a person with a disability who lives in the property, you can claim Disabled Persons Allowance (DPA). The qualifying facilities are:

- A room, other than a kitchen, bathroom or lavatory, used mainly by the person with the disability;
- 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.

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 of the scheme. 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, that is, 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 he/she:

- a. Is substantially and permanently disabled (whether by illness, injury, congenital deformity or otherwise); **or**
- b. Suffers from 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 sign and date the application form to show that you understand and agree to the three statements listed in the declaration.

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

**PLEASE
RETURN THIS
COMPLETED
FORM TO:**

Land & Property Services

Application Based
Rate Relief Team
Lanyon Plaza
7 Lanyon Place
Town Parks
BELFAST, BT1 3LP

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 9049 5794

Text Relay
18001 0300 200 7801



Land &
Property
Services
Seirbhísí
Talún &
Maoine



Department of
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An Roinn
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www.finance-ni.gov.uk