

# LPS DISABLED PERSONS ALLOWANCE APPLICATION FORM



Land &  
Property  
Services®

THIS BOX FOR OFFICIAL USE

Occupancy ID:

Ratepayer ID:

Property Reference:

You can find these details on your rate bill

**THE DISABLED PERSONS ALLOWANCE 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 Sections 1–5 and return to the address at the end of the form.
- You can only claim DPA for domestic properties.
- If you need help with this form, phone our helpline on 0845 300 6360, Minicom 0845 300 6361.

## SECTION 1 – RATEPAYERS DETAILS (SEE SECTION 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  No

Do you pay rent on the property?

Yes  No

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

Name and address of Landlord:

Landlord's telephone number:

When did your tenancy start?:

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**SECTION 2 – DETAILS OF THE PERSON(S) WITH A DISABILITY**  
(SEE SECTION 2 OF GUIDANCE NOTES)

Name	Date of Birth (DD/MM/YYYY)

**Does the above person(s) 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 (For example DLA, AA, 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 4 – OTHER INFORMATION (SEE SECTION 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 and address:**


**Profession:**

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**Telephone number:**

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**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**

<b>Name of Person(s) with disability (in BLOCK CAPITALS)</b>	<b>Signature of Person with a disability</b>

## SECTION 5 – DECLARATION

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 CAPITALS)

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**Signature of ratepayer:**

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**Date:** (DD/MM/YYYY)

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### **Data Protection Act 1998**

Please note that the information on this form will be used by Land & Property Services for the processing of this application for relief. Occasionally this information may be passed to other organisations, but only when we are required to do so by law, or when the disclosure complies with the Data Protection Act 1998. Land & Property Services is under a duty to protect public funds and to this end may use information provided on this form for the prevention and detection of fraud.

## **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.

## **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
- 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.

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.

## **GUIDANCE NOTES DISABLED PERSONS ALLOWANCE APPLICATION (CONTINUED)**

### **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.**

### **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 DPA Section**

Londonderry House  
21-27 Chichester Street  
Belfast  
BT1 4JJ

Telephone: 0845 300 6360  
Text phone: 0845 300 6361



An Agency within the Department of

**Finance and  
Personnel**

[www.dfpni.gov.uk](http://www.dfpni.gov.uk)



**INVESTORS  
IN PEOPLE**

**Or call into your local Land & Property Services office.**



