



Before completing this applica Tax Relief for Disabled / Incapa exemption. These guidelines a	acita	ated	Ind	livid	lual	s" te	o es	tab	lish	if y	γοι	ı ar	re e	elig	ible	e fo	r a t	tax	osite.
Name of liable person: (one person only)																			
PPSN of liable person:																			
Name of incapacitated person: (if not liable person)																			
PPSN of incapacitated person: (if not the liable person)																			
Address of property: (include Eircode)																			
												+	_					-	
Property ID:]									
Is the property occupied by the i his or her sole or main residence	e?	-		-				od 4		don	tod				Yes	5		No	
Indicate whether property was cor	istru	Icted	ι, ρι	Irch	asec	l, ac	quir	eu	Jra	uap	leu	. (Se	ee r	lote	1)				
Date the property was constructor Where a property has been adap • Description of adaptation work:	ted			ed,	acq	uire	d or	ada	apte	ed:	D	D][Μ	Μ	/ Y	Y	Y	Y
Cost of adaptation work:									€				,				,		
Chargeable value of property bet	fore a	adap	otatic	on wo	ork: ((see	note	3)	€				,				,		
Date of completion of adaptatic	on wo	ork:								[D	D	/	Μ	Μ	Y	Y	Y	Y
			г	DEC		ΣΔΤΙ	ON												
I declare that all the particulars	on	this					-	the	e be	sto	of n	ny I	kno	owl	edg	je a	nd I	belie	ef.
I declare that all the particulars Signature of liable person:		this	forı	m ar	e co	orre	ct to			est o		n y I Date			-				ef.

Notes to completion of application form

Note 1 **"Indicate whether property was constructed, purchased, acquired or adapted"**: The exemption may apply where the property was constructed or purchased, or where an existing property was adapted. You should indicate whichever applies. The property must have been constructed, purchased or acquired because of its suitability for occupation (and / or suitability for adaptation for occupation) by a permanently and totally incapacitated person. Where an existing property was adapted, the adaptation work must have been carried out for the purpose of making the property more suitable for occupation by a permanently and totally incapacitated person. For further details, see section 4.2 of the "Guidelines on Local Property Tax Relief for Disabled / Incapacitated Individuals" at **www.revenue.ie** in the LPT section of the website.

Note 2 "**Description of adaptation work**": Provide a description of the construction / fitting out work that was carried out on the property for the purpose of making it more suitable for occupation by the permanently and totally incapacitated person. For further details, see section 4.2 of the "Guidelines on Local Property Tax Relief for Disabled / Incapacitated Individuals" at **www.revenue.ie** in the LPT section of the website.

Note 3 "**Chargeable value of property before adaptation work**": You must estimate the chargeable value of the property that would have applied before the adaptation work was carried out. This will enable you to confirm whether the cost of the adaptation work (when completed) exceeded 25% of this estimated chargeable value (to qualify for the exemption, the cost must exceed 25% of this estimated chargeable value).

For example, if you estimate that the chargeable value of the property would have been €300,000 **before** the adaptation work was carried out and the adaptation work cost €120,000, then the cost of the work exceeded 25% of the chargeable value estimated by you. For further details, see section 4.2.1 and example 8 in Annex 1 of the "Guidelines on Local Property Tax Relief for Disabled / Incapacitated Individuals" at **www.revenue.ie** in the LPT section of the website.

Please send your application form to the Revenue Commissioners, LPT Branch, PO Box 100, Ennis, Co. Clare. If you have any queries please call the LPT helpline on 01 738 3626.



Section to be completed by the Incapacitated Person's Doctor Nature and extent of incapacity:

* See Footnote

Is the condition pern		ed person's conc	D D M M Y Y Y Yes No dition has affected his or her mobilit
	r the person to be inca e unable, to do any kinc	-	extent that he or she is unable, and
	suitable for occupation d the adaptation work		tated person? Where the property table?
In relation to the inc	lividual's incapacity ir	nsert 'x' where a	ppropriate in the boxes below:
Unable to leave th Confined to bed Specify any other rel	eir home unaided]	hair-user
I have examined		an	d certify to the best of my knowledg
and belief that all of Name of doctor: (Block capitals)	f the information that I	have provided is	accurate.
Address of doctor (include Eircode)			Doctor's
			Stamp
Phone No.:			
Signature of doctor:			Date:

* Please note: Infirmity or reduced capacity that is attributable solely to old age and not to any underlying medical condition is not treated as permanent and total incapacity for the purposes of eligibility for the LPT exemption.

The information in this document is provided as a guide only and is not professional advice, including legal advice. It should not be assumed that the guidance is comprehensive or that it provides a definitive answer in every case.

The Revenue Commissioners collect taxes and duties and implement customs controls. Revenue requires customers to provide certain personal data for these purposes and certain other statutory functions as assigned by the Oireachtas. Your personal data may be exchanged with other Government Departments and agencies in certain circumstances where this is provided for by law. Revenue's data protection policy and information on your data protection rights are available on **www.revenue.ie**.

