

**Council Tax Discount or Exemption
Application on behalf of persons with Severe Mental Impairment**

Part A - Details of Applicant

Name of person(s) liable to pay Council Tax:

Council Tax Account Number:

Name of person with Severe Mental Impairment:

Address:

Number of adults living at this address:

From what date do you wish to claim?

Doctor's name and address:

.....

Part B - Details of Benefit/Allowance

What Benefit or Allowance is payable in respect of the mentally impaired person? (please tick)

Incapacity Benefit Employment and support allowance Unemployability Supplement

Attendance Allowance Personal Independence Payment
Daily Living Component

Severe Disablement Allowance Disability element in working tax credit

The Care Component of a Disability Living Allowance
(at the middle or highest rate)

An increase in Disablement Allowance where constant attendance is needed

Armed Forces Independence Payment

Income Support including disability premium because of incapacity for work

Constant Attendance Allowance payable under the Industrial Injuries or War Pension Scheme

Please provide proof of benefit entitlements failure to do so will result in the application being delayed or returned. Original documents will be scanned and returned

Part C - Declaration:

I declare that the information given on this form is true to the best of my knowledge and belief. I undertake to notify the Council of any change of circumstance which is likely to affect my entitlement to the Exemption or Discount.

Signature: Tel

Date: Capacity in which signed:

Would you like to receive any future bills by e-mail? Yes/No (please circle as appropriate)

If yes, please give your e-mail address

Please note: Your Doctor needs to complete this next part

Part D - Doctor's Medical Certificate

Council Tax Exemption / Discount on grounds of Severe Mental Impairment

Name of Patient: **Council Tax ref:**

Address:

For the purposes of the Local Government Finance Act 1992, a person suffers from severe mental impairment if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please complete the section 1 or 2 below to help us determine eligibility

1. In my opinion, the person named above HAS Severe Mental Impairment and has since

...../...../.....

2. In my opinion, the person named above does NOT suffer from Severe Mental Impairment

Doctor's signature:

.....

Doctor's signature:

.....

Doctor's full Name in block capitals:

Surgery / Hospital Address:

Date:

Please now return the form to the address shown below. This certificate is for use only in support of an application for Council Tax Exemption or Discount.