Application form for Council Tax discount/exemption
Severely mentally impaired

Please read the notes below before filling in this form

A discount will only apply where the mentally impaired person lives in the property as their main home. If two or more people live there besides the mentally impaired person, a discount will not normally apply (unless all the other people – all but one of them – fall into a discount class themselves). If the relevant person lives alone then an exemption will apply.

To qualify for this discount, all of the following points must apply:

- the person must have a severe impairment of intelligence and social functioning which appears to be permanent;
- a registered medical practitioner (such as his or her doctor) must confirm by filling in part B on this form;
- the mentally impaired person must be entitled to one of the benefits in section 6 on this form (or would be entitled if they were not of pensionable age, or if their partner was not getting a premium in their Job Seeker’s Allowance for them). Proof of the benefit must be supplied – if it is not, there will be a delay in dealing with the claim.

Part A – to be completed by the person claiming the discount/exemption

1. About your household

Name

Address

Postcode

Date of birth / / 

National Insurance number

2. Please list all the people who live at the above address who are over 18.

..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
..............................................................................................................................................
3. I declare that the person named above is entitled to (please tick the appropriate boxes)

<table>
<thead>
<tr>
<th>Benefit</th>
<th></th>
<th>Benefit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invalidity Pension/Long-term Incapacity Benefit</td>
<td></td>
<td>Attendance Allowance/Constant Attendance Allowance</td>
<td></td>
</tr>
<tr>
<td>Severe Disablement Allowance</td>
<td></td>
<td>Unemployability Supplement/Allowance</td>
<td></td>
</tr>
<tr>
<td>Employment and Support Allowance (ESA)</td>
<td></td>
<td>Income Support with Disability Premium</td>
<td></td>
</tr>
<tr>
<td>Highest/Middle rate of Care Component of Disability Living Allowance</td>
<td></td>
<td>Increase in Disablement Pension (because constant attendance is needed)</td>
<td></td>
</tr>
<tr>
<td>Disabled Persons Tax Credit</td>
<td></td>
<td>Personal Independence Payment Daily Living Component (standard or enhanced)</td>
<td></td>
</tr>
</tbody>
</table>

Please give the date they started getting the benefit ticked above

Please enclose proof, such as a copy of the payment book or letter from the DWP.

If the person is not getting one of these benefits, which of the following things applies? (Please enclose a letter from the DWP confirming this)

- They have reached pensionable age but they would have been entitled to one of the benefits above if they were below that age;
- They have a partner who is getting Job Seeker's Allowance which includes a premium because of their impairment.

4. Please give the name and address of the person’s doctor (or registered medical practitioner).

5. Do you give the doctor permission to complete the certificate below? Yes / No

Your signature: Please print your name

If you have signed on behalf of the mentally impaired person, please give your relationship to him/her and your own address: Relationship

Your address:

6. Declaration – the person who has filled in this form must sign this declaration.

The information I have given on this form is true and complete.

Signature: Date:

Please give a daytime phone number in case we need to contact you:

Now please ask your doctor to fill in the Certificate below, then send the form back to us.

Part B – to be filled in by a doctor or other registered medical practitioner

- This certificate is needed so we can consider a claim for Council Tax discount. The person making the claim should have given you permission to complete it, see above.
- For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe mental impairment of intelligence and social functioning (however caused) which appears to be permanent

1. In your opinion, is the person named in Section 1 severely mentally impaired as described above? Yes or No: Please give date of diagnosis if answer is Yes: Date

2. Doctors signature: Date

3. Doctor’s name:

Please give the address of your surgery or hospital: Surgery Stamp

Thank you for your help.