



For Office Use		LEXEMPT					
PROPREF							
PIN							

COUNCIL TAX DISCOUNT/EXEMPTION APPLICATION PERSONS SEVERELY MENTALLY IMPAIRED

Please read the notes attached before completing this form.

To apply for a discount/exemption in respect of a person who is severely mentally impaired, please complete part 1 of this form using CAPITAL LETTERS and then return it to the Council. An application may be made on behalf of the liable person. Please note, you will not qualify for a discount if there are two or more adults (aged 18 and over) resident in the property, who do not fall into any of the discounted categories on the attached information leaflet. There is, therefore, no requirement for you to complete this form. An exemption will be awarded where the dwelling is occupied only by a person or persons who is or are severely mentally impaired and would be liable to pay the Council Tax.

PART 1

A	Full name and address of liable person
Name	
Address	

B How many adults reside in the property?		See note 1
--	--	-------------------

C How many adults resident in the property should be disregarded? (include anyone already disregarded who is still resident)		See note 2
---	--	-------------------

D	Full name and address of the person who is severely mentally impaired
Name	
Address	

E	Please indicate which benefit is received by the person at Section D by ticking the appropriate box or boxes. It will be necessary for a copy of the letter of entitlement, for the relevant benefit, to be provided with this application	See note 3																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Incapacity benefit</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Attendance allowance</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Severe disablement allowance</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Care component of a disability living allowance payable at the higher or middle rate</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>An increased disablement pension due to constant attendance needed</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>A disability working allowance</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Unemployability supplement</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Constant attendance allowance</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>An unemployability allowance</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Income support which includes a disability premium</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>			Incapacity benefit	<input type="checkbox"/>	Attendance allowance	<input type="checkbox"/>	Severe disablement allowance	<input type="checkbox"/>	Care component of a disability living allowance payable at the higher or middle rate	<input type="checkbox"/>	An increased disablement pension due to constant attendance needed	<input type="checkbox"/>	A disability working allowance	<input type="checkbox"/>	Unemployability supplement	<input type="checkbox"/>	Constant attendance allowance	<input type="checkbox"/>	An unemployability allowance	<input type="checkbox"/>	Income support which includes a disability premium	<input type="checkbox"/>
Incapacity benefit	<input type="checkbox"/>																					
Attendance allowance	<input type="checkbox"/>																					
Severe disablement allowance	<input type="checkbox"/>																					
Care component of a disability living allowance payable at the higher or middle rate	<input type="checkbox"/>																					
An increased disablement pension due to constant attendance needed	<input type="checkbox"/>																					
A disability working allowance	<input type="checkbox"/>																					
Unemployability supplement	<input type="checkbox"/>																					
Constant attendance allowance	<input type="checkbox"/>																					
An unemployability allowance	<input type="checkbox"/>																					
Income support which includes a disability premium	<input type="checkbox"/>																					

F	Name of any persons aged 17 years, resident in the property	Date of birth
		/ /
		/ /
		/ /

G DECLARATION AND AUTHORISATION

As far as I know all the information I have given is accurate and true. I undertake to notify the Local Taxation Office of any change in the number of adults resident at the property in respect of which a discount is claimed. I authorise you to seek on the applicant's behalf the certificate set out in Part 2 below from the following registered medical practitioner. *

I agree that the certificate should be returned direct to the Local Taxation Office.

Please, therefore, return the whole form to the Local Taxation Office.

Doctor's name

Doctor's surgery/hospital address

Signature of person acting on applicant's behalf

Full name

Relationship to applicant

Address

Date

*This will normally be the applicant's practitioner.

PART 2

To be completed by the registered medical practitioner.

MEDICAL CERTIFICATE - for the purpose of the Local Government Finance Act 1992 only

Doctor's surgery/hospital address

Please tick the appropriate box

I certify that in my opinion the applicant

Has a severe impairment of intelligence and social functioning which appears to be permanent

Date from which the person has suffered the impairment

Does not have a severe impairment of intelligence and social functioning which appears to be permanent

Doctor's signature

Doctor's full name in block capitals.....

Doctor's status

Date

DATA PROTECTION

Personal information held for Council Tax purposes will be held and used in accordance with the requirements of the Data Protection Act 1998. To assist the Council in the prevention and detection of fraud so that it can protect the public funds it administers, the Council may use information provided for Council Tax purposes within this Authority for data matching purposes. It may also data match information provided for Council Tax purposes other public bodies that regulate, administer or are in receipt of public funds for the purposes of the prevention and detection of fraud.

Note 1 Include everyone who is aged 18 or over. You should count all adults who occupy the dwelling.

Note 2 The following people are entitled to be disregarded for discount purposes:

- Prisoners
- Severally mentally impaired
- People over 18 in respect of whom Child Benefit is payable
- People 18 and 19 years old on further education courses which are not job related
- Hospital patients
- Patients in care homes
- Care workers
- Residents of certain hostels
- Members of international headquarters and defence organisations
- Members of religious communities
- Students, including student nurses
- Apprentices
- Youth Training Trainees
- Members of a visiting armed force

Note 3 Please complete part 1 and return the form to the Local Taxation Office at the address show at the top of the application form, along with appropriate evidence (such as a letter of entitlement from the Department of Work & Pensions of entitlement to the benefit(s) shown in Section E of the application). The Local Taxation Office will then in appropriate cases, seek confirmation on the applicant's behalf of his/her medical condition in accordance with section G. The form should not be sent direct to the applicant's doctor.