Bedford Borough Council

Borough Charter granted in 1166

Local Taxation Office
Borough Hall
Cauldwell Street
Bedford
MK42 9AP
Telephone: (01234) 718097

www.bedford.gov.uk/counciltax

Council Tax Discount/Exemption Application
Persons Severely Mentally Impaired

To apply for a discount/exemption in respect of a person who is severely mentally impaired, please complete part 1 of this form 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 resident in the property. 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 Council Tax payer**
Name	
Address	

B	**How many adults reside in the dwelling?**		**See note 1**

C	**How many adults in the dwelling fall to be disregarded? (include anyone already disregarded who is still resident)**		**See note 2**

D	**Full name and address of SEVERELY MENTALLY IMPAIRED PERSON**
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**
	• Universal Credit (limited capability for work or work-related activity)	☐
	• Employment support allowance or Incapacity benefit	☐
	• Attendance allowance	☐
	• Severe disablement allowance	☐
	• The care component of Disability living allowance (middle or higher rate)	☐
	• An increased disablement pension (due to constant attendance needed)	☐
	• Unemployability supplement or allowance	☐
	• Constant attendance allowance	☐
	• Income support (which includes a disability premium)	☐
	• Personal independence payment (standard or enhanced rate of daily living component)	☐
	• Armed forces independence payment	☐

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

G DECLARATION AND AUTHORISATION

I confirm that the information given is correct and undertake to notify the Council immediately of any change of circumstances which would affect the entitlement to the discount granted as a result of this application.

I authorise you to seek on the applicant's behalf the certificate set out in **Part 2** below from the following registered medical practitioner. *

Doctor's name ……..……

Doctor's surgery/hospital address ……..…

……..…

Doctor's surgery/ hospital email address ……

Doctor's surgery/ hospital phone number ……

Signature of person acting on applicant's behalf ……

Full name ……..

Relationship to applicant ……..…

Address ……

……

Date ……..…..

* This will normally be the applicant's practitioner.

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Part 2

To be completed by the registered medical practitioner.

MEDICAL CERTIFICATE

Doctor's surgery/hospital address……

……..……..……..……...……..……

Please tick the appropriate box

I certify that in my opinion the applicant ……..……..……..

(a) Has been suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992 since ……/……./……..☐

(b) Is not suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992 ☐

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Doctor's signature ……

Doctor's full name in block capitals……

Doctor's status ……..

Date ……..……..

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
- Severely 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 shown at the top of the application form, along with appropriate evidence (such as a letter of entitlement from the Department of Work and Pensions of entitlement to the benefit(s) shown in Section E of the application). The Local Taxation Office will then 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.