

Application for Council Tax Discount / Exemption Severe Mental Impairment

A. Details of the severely mentally impaired person

Full name:

Address:

Date reduction claimed from:

Council Tax account number:

B. Details of person acting for applicant

Full name:

Address:

Relationship to applicant:

C. Residents details

Please list below the names of all adults (over 18 years of age) living at the property, apart from the applicant:

Do you consider anyone else at the property apart from the applicant to be severely mentally impaired?

Yes

No

The information in this section will help the Council to decide whether or not an exemption can be given.

D. Benefit details

Please tick the box to show the benefit(s) the applicant is entitled to and enclose evidence.

- Short-term or long-term Incapacity Benefit (IB)
- Employment and Support Allowance (ESA)

<input type="checkbox"/>
<input type="checkbox"/>

- Attendance Allowance (AA)
- Severe Disablement Allowance (SDA)
- The highest or middle-rate care component of Disability Living Allowance (DLA)
- Personal Independence Payment Daily Living Component at either standard or enhanced rate
- An increase in Disablement Pension for constant attendance
- The disability element of Working Tax Credit
- Unemployability Supplement (abolished in 1987 but existing claimants remain entitled)
- Constant Attendance Allowance payable under the Industrial Injuries or War Pension schemes
- Armed Forces Independence Payment
- Income Support which includes a disability premium because of incapacity for work

Remember to enclose evidence of entitlement to the Benefit ticked above.

E. Medical Certification

Please arrange for a registered medical practitioner to complete the section below.

I certify that is in my opinion suffering from severe impairment of intelligence and social functioning which appears to be permanent for the purposes of the Local Government Act 1992.

With effect from (insert date)

Practitioners' name (block capitals):

Practitioners' signature:

Date: Surgery stamp:

F. Declaration by the applicant

- I confirm that the information given is correct to the best of my knowledge.
- I understand that the Council may make other enquiries to verify the information.
- I understand that I must notify the Council promptly of any changes.

Applicants' name (block capitals):

Applicants' signature:

Date:

Contact telephone / email: