Application form for Council Tax Discount/Exemption

Severely Mentally Impaired

Resources
PO Box 1310
Sheffield
S1 1UY
Telephone 0114 273 6633

Date

Property Reference	
Council Tax Account No.	
Address of property for discount/exemption claim.	

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 3 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 qualifying benefit must be supplied – if it is not, there will be a delay in granting the discount/exemption.**

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

1. About your household Please enter details of the person with severe mental impairment	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)

Daily living component of Personal Independence Payment (**PIP**)		Attendance Allowance	
Disablement Pension with an increase due to constant attendance needs		Severe Disablement Allowance	
Income Support - that includes a disability premium		Disability element of Working Tax Credit	
Middle or High rate of Care Component of Disability Living Allowance		Employment and Support Allowance	
An award of Universal Credit which includes the Limited Capability for Work element			

Please give the date they started getting the benefit ticked above ……

Please supply proof, such as a letter from the Department for Work and Pensions.

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: ……..

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 required so we can consider a claim for Council Tax discount/exemption. 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.

Surgery Stamp