

APPLICATION FOR COUNCIL TAX DISCOUNT

FOR SEVERE MENTAL IMPAIRMENT

Note for Person assisting Applicants: You should complete this form and **send it ALONG WITH ANY EVIDENCE** of entitlement to benefits, **to the applicant's doctor**. In most cases, the doctor will be familiar with the applicant's medical history, and may not need to see him/her before completing the certificate.

Full Name of Applicant:	
Address:	

I declare that the person named above is entitled to one or more of the benefits listed overleaf and **I enclose evidence of such entitlement.**

Doctor's Name:	
Address of	
Surgery/Hospital:	

Request to Doctor: Please complete the certificate stating whether the person named is severely mentally impaired. **PLEASE SEND THIS APPLICATION FORM, THE ENCLOSED DOCUMENTS WHICH RELATE TO THE APPLICANT'S ENTITLEMENT TO BENEFITS AND THE CERTIFICATE TO THE LOCAL AUTHORITY.**

Signature of Person acting on Applicant's behalf:	
Full Name:	
Relationship to Applicant:	
Address:	
Date:	

QUALIFYING BENEFITS FOR COUNCIL TAX DISCOUNT FOR SEVERELY MENTALLY IMPAIRED PEOPLE

To qualify for council tax discount, a person who is severely mentally impaired must be entitled to one of the following benefits, or in the case of a benefit which ceases to be payable on reaching pensionable age, have been in receipt of that benefit until it ceased for that reason.

Incapacity Benefit under Sections 30A, 40 or 41 of the Social Security Contributions and Benefits Act 1992;

An attendance allowance under Section 64 of that Act;

A severe disablement allowance under Section 68 of that Act;

The care component of a disability living allowance under Section 71 of that Act, payable at the highest rate under Section 72 (4)(a) or at the middle rate under Section 72 (4)(b) of that Act;

An increase in the rate of his disablement pension under Section 104 of that Act (increase where constant attendance needed);

A disability working allowance under Section 129 of that Act for which the qualifying benefit is one falling within sub-section (2)(a)(i) or (ii) of that section, or is a corresponding Northern Ireland benefit;

An unemployability supplement under Part 1 of Schedule 7 of that Act;

A constant attendance allowance under:

- i Article 14 of the Personal Injuries (Civilians) Scheme 1983; or
- ii Article 14 of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument);

An unemployability allowance under:

- iii Article 18(1) of the Personal Injuries (Civilians) Scheme 1983, or
- iv Article 18(1) of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Orders 1983 (including that provision as applied, whether with or without modifications, by any other instrument).

Income support where the applicable amount includes a disability premium.

Incapacity benefit under sections 40 and 41 of that Act.

The standard or enhanced rate of the daily living component of Personal Independence Payment under section 78(3) of the Welfare Reform Act 2012

Employment Support Allowance (Income Related or Contributory)

CERTIFICATE FOR DOCTOR'S USE ONLY

This certificate is for use in deciding whether the person named below is **severely mentally impaired for Council Tax purposes**.

Full Name of Applicant:	
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For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion, the person named above is severely mentally impaired and has been so from:

Date:	
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Doctor's Signature:	
Doctor's full name in BLOCK CAPITALS:	
Surgery/hospital address:	
Doctor's status (GP etc):	
Date:	

TO THE DOCTOR: Please return the application, the certificate and evidence of the applicant's entitlement to benefits (which has been sent to you by the applicant or person assisting them), to the local authority.