

DATE

PLEASE RETURN BY:

PROPERTY ADDRESS:

Council Tax. Application for a Discount or Exemption.
The Severely Mentally Impaired.

If, having read the following paragraphs, you feel that discount against or exemption from, Council Tax should be granted, please complete and return the questionnaire below:

Discounts

The Council Tax Law assumes that two adults live in each dwelling. If there are more the bill will **not** be increased, but if there are fewer it may be reduced by 25% if only one 'countable' adult lives in the dwelling. When we count the number of adult residents, certain people, although actually living in the dwelling, are ignored for Council Tax purposes. These include people who are considered to be severely mentally impaired. Such discounts have been available since the beginning of Council Tax on 1/4/93.

Exemptions

Where a dwelling is occupied **only** by a severely mentally impaired person(s), total exemption from the tax may be granted. Such exemption can, however, only be granted from 1/4/95.

N.B. To be considered severely mentally impaired the person concerned must be classified as such by a registered medical practitioner and be entitled to one of the qualifying benefits listed on page 2.

QUESTIONNAIRE

1. Full names of all adult occupants (Please use block capitals)

Person A	■ Mr/Mrs/Miss	<input type="checkbox"/>	
Person B	■ Mr/Mrs/Miss	<input type="checkbox"/>	Please indicate which of the persons named are severely mentally impaired by placing a tick in the box alongside their name.
Person C	■ Mr/Mrs/Miss	<input type="checkbox"/>	
Person D	■ Mr/Mrs/Miss	<input type="checkbox"/>	
Person E	■ Mr/Mrs/Miss	<input type="checkbox"/>	
		<input type="checkbox"/>	

2. Type of allowance payable

Please indicate, with reference to the information printed overleaf, the type of allowance being paid to the person indicated by a tick above. *Please provide copy/s of award allowance/s received.*

Person A Type of allowance payable.....

Person B Type of allowance payable.....

Person C Type of allowance payable.....

Person D Type of allowance payable.....

Person E Type of allowance payable.....

CERTIFICATE OF SEVERE MENTAL IMPAIRMENT FOR COUNCIL TAX PURPOSES

To be completed by registered medical practitioner

Please tick the appropriate box.

I certify that in my opinion the applicant named overleaf

Is and has been since

Is not

suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992.

Doctor's signature:

Doctor's full name:

Doctor's status:

Date:

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

Doctor's surgery/
hospital stamp:

Declaration

I accept responsibility for making this application and declare that the information contained herein is true and accurate to the best of my knowledge and belief.

Name (capitals) (If not named above, capacity in which you act))

Signature Date

This form should be returned to the Council Offices at the above address without delay

To be eligible, the person's doctor will be asked to certify the impairment.

The person must be entitled to one of the following qualifying benefits:

- Incapacity benefit or employment and support allowance
- Attendance allowance
- Severe disablement allowance
- The care component of a disability living allowance payable at the middle or higher rate
- An increase in the rate of disablement pension for constant attendance
- Disability working allowance
- Unemployability allowance or supplement
- Constant attendance allowance
- Income Support which includes a disability premium
- Personal independence payment
- Universal credit which includes an amount for limited capability for work or work related activity.

For council tax purposes, you will be regarded as severely mentally impaired if you have, for whatever reason, a severe impairment of intelligence and social functioning which appears to be permanent. This includes people who are severely mentally impaired as a result of a degenerative brain disorder such as Alzheimer's disease, a stroke or other forms of dementia.

This authority is under a duty to protect funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. [Find information about data processing at our privacy notices page.](#)