

# COUNCIL TAX

## Application for Council Tax Discount/Exemption (Severe Mental Impairment)

Please:

- Use BLOCK LETTERS
- Read the guidance notes carefully before completing this form.
- Please complete Sections 1, 1b, 2 & 3 then pass the form, proof of benefit and pre-paid envelope to the impaired person's doctor to complete Section 4.

Date:

Account Number:

### Section 1: The Severely Mentally Impaired Person

The person who is responsible for paying the Council Tax should fill in this form. If you are completing this form on behalf of someone else, please also provide your details in Section 1b.

Full Name of Applicant:

Address:

Telephone Number:

### Section 1b: Your Details (If Required)

Relationship to Applicant:

Name:

Telephone Number:

### Section 2: Benefit Details

Please refer to the enclosed leaflet for further details. Please indicate with a cross X in the box below the Benefit(s) to which the person who is severely mentally impaired is entitled.

Disability Working Allowance.....

Employment Support Allowance.....

Unemployability Supplement.....

Attendance Allowance.....

Constant Attendance Allowance...

Severe Disablement Allowance.....

Unemployability Allowance.....

Care Component of Disability Living Allowance (Middle/High Rate).....

Income Support where the appropriate amount includes a Disability Premium.....

An increase in the rate of a Disablement Pension where constant attendance is needed....

Personal Independence Payment – Daily Living component (standard/high rate).....

Limited capability for work related activity element of Universal Credit.....

### PLEASE PROVIDE PROOF OF ALL QUALIFYING BENEFITS

We will accept a current copy of your letter of entitlement or a screen shot showing your entitlement.

If you do not provide proof of a qualifying benefit we may be unable to process your application.



### Section 3: Benefit Detail

- I declare that the information is correct
- I understand that I must advise the Council at once, if there is a change of circumstance
- I have provided proof of a qualifying benefit
- I give authorisation for a Medical Practitioner to provide the information in Section 4

Signed:	<input type="text"/>	Date:	<input type="text"/>
Full name:	<input type="text"/>	Telephone No:	<input type="text"/>
Email:	<input type="text"/>		

**WARNING:** If a person knowingly makes a false declaration in order to obtain a reduction in their Council Tax liability, they may be found guilty of an offence under Section 2 of the Theft Act 1978 which can lead to imprisonment.

### Section 4: Medical Practitioner's Certificate

The Medical Practitioner must fill in this section. Unfortunately, we cannot be responsible for any charge made to fill in this certificate.

Please complete the following certificate stating whether the person named is severely mentally impaired\*. On completion of this form, please forward it along with any supporting documents to: NOTTINGHAM REVENUES AND BENEFITS LTD, Admail 4270, Nottingham, NG1 9YZ

YES, I certify that, in my opinion, the person named in Section 1, overleaf is suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992 with effect from:

(Insert date)

NO, I certify that, in my opinion, the person named in Section 1 overleaf is NOT suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992\*

\*A person is severely mentally impaired for the purposes of the Act if he or she has a severe impairment of intelligence and social functioning (*however caused*) which appears to be permanent.

Doctor's signature:	<input type="text"/>	Date:	<input type="text"/>
Doctor's full name:	<input type="text"/>		
Surgery/Hospital address:	<input type="text"/>		
Surgery Stamp: (If available)	<input type="text"/>		

# GUIDANCE NOTES

The basic bill assumes that there are two adults resident in the property. However, if there are fewer than two adults the bill will be discounted accordingly. A discount of 25% will be given for single person households.

When assessing discount certain people are not counted and are said to be "disregarded". Included in this category are people who suffer from severe mental impairment. If a dwelling is wholly occupied by people who are severely mentally impaired then that property will be exempt for the purposes of the council tax.

**Council Tax legislation defines severe mental impairment as 'a severe impairment of intelligence and social functioning (however caused) which appears to be permanent'.**

A person will be disregarded for the purposes of discount if:

- (a) The person is severely mentally impaired.
- (b) The person has a certificate from a registered medical practitioner to the effect that the applicant has been or is likely to be mentally impaired (as defined above).
- (c) The person is in receipt of one of the following benefits:
  - an Employment Support Allowance (the first four pages of your entitlement letter is required)
  - an attendance allowance
  - a severe disablement allowance
  - the care component of a disability living allowance payable at the higher or middle rate.
  - an increase in the rate of disablement pension where constant attendance is needed.
  - a disability working allowance
  - an unemployability supplement
  - constant attendance allowance or unemployability allowance under articles 14 and 18 respectively of the Personal Injuries (Civilians) Scheme 1983 or articles 14 and 18 respectively of the Naval, Military & Air Force etc (Disablement & Death) Service Pensions Order 1983.
  - Income support where the applicable amount includes a disability premium
  - Limited capability for work related activity element of Universal Credit

This form may be completed by either the person to whom the disregard may apply or by a person acting on their behalf. This application must be submitted with evidence of the benefits to which you are entitled. This may be in the form of a letter of entitlement from the Benefits Agency or a copy of the front cover and first page of your pension or allowance book.

**If you do not provide proof of a qualifying benefit we may be unable to process your application.**

## Section 4

This should be completed by a registered medical practitioner who will normally be the applicant's general practitioner. If you wish you may pass this form directly to your doctor or alternatively the Council will approach the doctor on your behalf.

Should you require any advice or assistance in completing this form please contact:

COUNCIL TAX  
ADMAIL 4270  
NOTTINGHAM  
NG1 9YZ  
Telephone: (0115) 718 1777

**THE COUNCIL TAX OFFICE MUST BE INFORMED IMMEDIATELY SHOULD YOU CEASE TO BE ELIGIBLE FOR THIS DISREGARD.**