

COUNCIL TAX DISCOUNTS

DISCOUNTS FOR SEVERE MENTAL IMPAIRMENT

The Local Government Finance Act 1992 provides that any person whose intelligence and social functioning are severely impaired and who is entitled to one of the benefits shown below will not be counted in the total number of adult residents for Council Tax purposes.

The circumstances of a member of your household may be such that you may qualify for a Council Tax discount.

The benefits are:

- a. Incapacity Benefit (formerly Invalidity Benefit)
- b. Attendance Allowance
- c. Severe Disablement Allowance
- d. Higher rate or middle rate care component of a disability living allowance
- e. Increased rate disablement pension, where constant attendance is needed
- f. Disability Working Allowance
- g. Unemployability Supplement
- h. Constant Attendance Allowance
- i. Unemployability Allowance
- j. Disability Premium included with Income Support
- k. Disability Premium included with Jobseekers Allowance (IB) where partner is claiming.

If you consider that you may qualify for a discount please complete and return the application form to me at the above address. Do not forget to also complete the authorisation.

EVIDENCE OF THE ALLOWANCE/PENSION MUST BE PRESENTED WITH THE APPLICATION FORM OVERLEAF.

The Council will need to send a certificate to the person's doctor for his medical opinion. To enable me to do this, the authorisation at section 5 overleaf must be completed.

One copy of the completed certificate will be returned to the applicant. This should be kept in a safe place, since it may be required by the relevant local authority if the person named overleaf changes his/her address in the future.

G Hawkins
Assistant Director (Benefits and Taxation)

COUNCIL TAX DISCOUNTS - SEVERE MENTAL IMPAIRMENT

This form should be completed by the person who is liable for payment of the Council Tax and returned to the Finance & Property directorate (address shown overleaf).

Please write in ink, use **BLOCK LETTERS**

	ADDRESS OF COUNCIL TAX PROPERTY ACCOUNT NUMBER													
2.	NUMBER OF RESIDENTS How many adults aged 18 or over who live in the property? <i>Note. Include yourself and the person for whom a discount is claimed.</i>													
3.	FULL NAME OF THE PERSON FOR WHOM DISCOUNT IS BEING CLAIMED Surname..... First Name(s).....													
4.	TYPE OF PENSION/ALLOWANCE IS THE PERSON ENTITLED TO? Please ✓ appropriate box(es) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Incapacity Benefit</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Disability Working Allowance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Attendance Allowance</td> <td style="border: none;"><input type="checkbox"/> Unemployability Supplement/Allowance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Severe Disablement Allowance</td> <td style="border: none;"><input type="checkbox"/> Constant Attendance Allowance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Higher rate or middle rate care component of Disability Living Allowance</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Increased rate Disablement Pension, where constant attendance is needed</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disability Premium included with Income Support/Jobseekers Allowance</td> <td></td> </tr> </table> <p>Evidence of the pension/allowance MUST be sent or presented with this form.</p> <p>Date receipt of pension/allowance started</p>		<input type="checkbox"/> Incapacity Benefit	<input type="checkbox"/> Disability Working Allowance	<input type="checkbox"/> Attendance Allowance	<input type="checkbox"/> Unemployability Supplement/Allowance	<input type="checkbox"/> Severe Disablement Allowance	<input type="checkbox"/> Constant Attendance Allowance	<input type="checkbox"/> Higher rate or middle rate care component of Disability Living Allowance		<input type="checkbox"/> Increased rate Disablement Pension, where constant attendance is needed		<input type="checkbox"/> Disability Premium included with Income Support/Jobseekers Allowance	
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5.	AUTHORISATION I authorise you to seek on my/the severely mentally impaired person's behalf* a certificate from the following registered medical practitioner. I agree that the certificate should be returned directly to the Council. * Delete as necessary.													
	Doctor's name:													
	Doctor's surgery/Hospital address:													
	Signature:	Date:												
	If this section has been completed by someone acting on behalf of the severely mentally impaired person, please complete the following:													
	Your full name:													
	Your relationship to the person:													
	Your address (if different to the persons):													
6.	DECLARATION <i>(To be completed by the severely mentally impaired person or someone acting on their behalf.)</i>													
	I declare that the information provided on this form is complete and accurate to the best of my knowledge and belief.													
	Signature:	Date:												
	Warning: Deliberately giving incomplete or false information could lead to a penalty of £50													