



**Council Tax Discount Application – People that are Severely Mentally Impaired**

*There are 2 parts to this form*

**Part A - To be completed by the person who is liable for Council Tax and named on the bill.**

<b>Name:</b>
<b>Address:</b>
<b>Council Tax reference number: (Found on the bill beginning with a '4') .....</b>
<b>Contact details:</b> <b>Mobile .....</b> <b>Landline .....</b> <b>Email .....</b>
<b>How many persons over 18 live in the property? .....</b>

**Please provide the details below about the severely mentally impaired person.**

<b>Name of the severely mentally impaired person .....</b>
<b>Qualifying benefits – please select the benefit that the SMI person receives or (qualifies for). <u>Please provide evidence of the benefit with this application.</u></b>
<input type="checkbox"/> Incapacity Benefit (short-term or long-term) <input type="checkbox"/> Attendance Allowance (AA) <input type="checkbox"/> Severe Disablement Allowance (SDA) <input type="checkbox"/> The daily living component of Personal Independence Payment (PIP) <input type="checkbox"/> The highest or middle-rate care component of Disability Living Allowance (DLA) <input type="checkbox"/> An increase in Disablement Pension for constant attendance <input type="checkbox"/> The disability element of Working Tax Credit <input type="checkbox"/> Unemployability Supplement (abolished in 1987 but existing claimants remain entitled) <input type="checkbox"/> Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes <input type="checkbox"/> Armed Forces Independence Payment (AFIP) <input type="checkbox"/> Unemployability Allowance payable under the Industrial Injuries or War Pensions schemes <input type="checkbox"/> the 'limited capability for work' or 'limited capability for work related elements' of Universal Credit <input type="checkbox"/> Income Support or Income Based Jobseekers Allowance received by the SMI person or their partner, which includes a disability premium because of the SMI person's incapacity for work
<b>We may be able to backdate any entitlement to a discount, please provide the date that benefit selected above started.</b> <span style="border: 1px solid black; padding: 5px;">/ /</span>



**Part B – To be completed by the Doctor or registered Medical Practitioner**

Name of severely mentally impaired person	
Their address	
Date of birth	

**Doctors and registered medical practitioners completing this form should read the below guidance first:**

For Council Tax purposes 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 (Local Government Finance Act 1992/2003). Including a severe mental impairment as a result of a degenerative brain disorder such as Alzheimer's disease, other forms of dementia or a stroke.

<b>The below should be completed by the doctor or registered medical practitioner:</b>	
In my opinion the above-named person is suffering from a severe mental impairment for the purposes of the Local Government Finance Act 1992.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I consider his/her condition to be permanent.	Yes <input type="checkbox"/> No <input type="checkbox"/>
He/she has been severely mentally impaired since (please state the exact date).	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from .....

Doctor's signature .....	Date.....
Doctors name .....	
Surgery name and address .....	
.....	
Surgery stamp (if applicable)	<div style="border: 1px solid black; width: 500px; height: 50px;"></div>

**CHARGING FOR THE CERTIFICATE**

The General Medical Services Committee of the BMA has agreed that for the purpose of the Act medical certificates should be issued without charge to the applicant or his representative, it is intended that regulations will be amended to add the certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1 April 1993.