

Application for a reduction in Council Tax for residents who have enduring mental health problems (also referred to as having a severe mental impairment).

The amount of Council Tax that you are asked to pay is based on the assumption that there are two adults living in your home. If there are considered to be less than two adults you may be entitled to a discount. When assessing the number of residents in a property, some people are not counted for Council Tax purposes. This includes residents suffering from mental health problems. If you feel that you may be entitled to a discount under those circumstances please complete the form overleaf.

In order to qualify, the patient must have:

- a severe impairment of intelligence and social functioning which appears to be permanent
- and**
- they must be in receipt of **at least one** of the allowances set out in the form.

We will also need confirmation from the patient's doctor that they believe a discount may be appropriate in this case according to the guidance already given to them by the Department of Health. Please ask the doctor to complete part 2 of the form.

Please contact us if you need help completing the form.

Council Tax reduction application for a resident who is severely mentally impaired

Part 1

Name of patient: _____

Address: _____

Is the patient in receipt of any of the following? (please tick appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Incapacity Benefit / ESA | <input type="checkbox"/> Disability Working Allowance |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Severe Disablement Allowance |
| <input type="checkbox"/> Unemployability Supplement | <input type="checkbox"/> the care component of a Disability Living Allowance (payable the at the highest rate, or at the middle rate) |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> an increase in the rate of Disablement Pension |
| <input type="checkbox"/> Unemployability Allowance | |

What date was the allowance first awarded from? _____

Please provide documentary evidence of the above entitlement(s) (these will be returned to you).

Phone no: _____

(It may help us deal with your application more easily if you give your phone number, but you are not obliged to).

Please write in the box the total number of adults (aged 18 or over) who live in the property as their main home.

Declaration

To be signed by a person liable to pay the Council Tax on the property

I declare that the information given on this form is correct to the best of my knowledge, and will notify the Council if the circumstances shown above change.

Name: _____ **Signature:** _____

Date: _____

(Please print in block capitals)

Relationship to patient: _____

Part 2

(To be completed by the patient's doctor)

In my opinion the person named in Part 1 of this form is suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992.*

From what date has the patient suffered from impairment? _____

Doctor's signature: _____

Name: _____

(Please print in block capitals)

Address of practice:

* The criteria for judging whether a person suffers from severe mental impairment under this Act are the same as for the Local Government Finance Act 1988 concerning exemption from a Personal Community Charge. The Department of Health issued guidance to all doctors in March 1993 (PL/CO93.001) a copy of which is available from the Council upon request.

How we collect and use information. The information provided will be held by the Council. It will be used to assist with the billing and collection of Council Tax and/or Non Domestic Rates and will be held securely at all times. Information may be shared with the HMRC and other organisations as required by law. If you wish to see the personal data that the Council holds, please contact the Data Protection Officer.