

Name & Address

Date:  
Reference Number:

**Application for a Council Tax discount or exemption  
for a severe mental disability**

To qualify for a Council Tax discount or exemption, a person who is severely mentally disabled must be entitled to one of the following benefits, or in the case of a benefit which they were no longer entitled to once they reached pensionable age, have been receiving the benefit until it ended for that reason.

Name of the person who you are claiming the discount or exemption for	
Date the claim began	
How many people aged over 18 live in the property as their main home?	
Name(s) of other resident(s) over 18	

***Please tell us which benefits the person applying is receiving by ticking the appropriate boxes.***

<b>Incapacity Benefit</b> (under Sections 30A 40 and 41 of the Social Security Contributions and Benefits Act 1992) or <b>Employment Support Allowance</b>	
<b>Attendance Allowance</b>	
<b>Severe Disablement Allowance</b>	
<b>The care component of Disability Living Allowance which is paid at the highest or middle rate Or Personal Independence Payment (PIP)</b>	
<b>An increase in the rate of disablement pension</b> (an increase if constant attendance is needed)	
<b>A Disability Working Allowance, or the same type of benefit in Northern Ireland</b>	
<b>An employability supplement</b>	
<b>A Constant Attendance Allowance under the Personal Injuries Scheme of the Navy, Military and Air Forces (Disablements and Death) Service Pensions Order 1983</b>	
<b>An unemployability allowance under the Personal Injuries Scheme of the Navy, Military and Air Forces (Disablements and Death) Service Pensions Order 1983</b>	
<b>Income Support where the amount includes a disability premium</b>	

Your name and address (if different to the person applying)	
Your signature	
Your relationship to the person applying	

**Declaration:**

**The person named above is entitled to one or more benefits listed above and I enclose evidence of their entitlement.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Certificate

To be filled in by a qualified medical practitioner

**This certificate is used to decide whether (Mr,Mrs,Miss,Ms) .....is severely mentally disabled for Council Tax purposes.**

For the purpose of the Local Government Finance Act 1992, a person is severely mentally disabled if they have a severe problem with their intelligence and social skills (however caused) which appear to be permanent.

In my opinion, the person named above is severely mentally disabled, and has been from..... (date)

<b>Doctor's full name</b> (BLOCK CAPITALS)	
<b>Address of surgery or hospital</b>	
<b>Doctor's signature</b>	
<b>Date</b>	
<b>GP's name and address of the surgery or hospital</b> (if different from above)	

**Please fill in and return this application form and enclose the relevant documents to support the claim.**