

**APPLICATION TO BE DISREGARDED FROM COUNCIL TAX  
ON THE GROUNDS OF SEVERE MENTAL IMPAIRMENT**

Please complete **Part One** of this form on behalf of the Applicant and then send the complete form to the Applicant's Doctor to complete **Part Two**. The completed application form then needs to be returned to us at the address at the bottom of this form along with evidence of the qualifying benefit. Please read the Guidance Notes before completing the form and complete in BLOCK CAPITALS using black ink.

\*Denotes a mandatory field which must be filled in for your application to be processed.

**PART ONE**

*Full Name of Applicant:		
*Address of Property for which exemption/discount is being claimed:		
Account or Property Reference:		
*Applicant's Date of Birth:	*Total number of adults resident in the property:	
<b>*I DECLARE THAT THE APPLICANT (Please tick appropriate box(es))</b>		<b>*Date Benefit awarded</b>
Is entitled to incapacity benefit/employment support allowance, or was until reached pensionable age		
Is entitled to an attendance allowance or constant attendance allowance		
Is entitled to a severe disablement allowance		
Is entitled to a disability working allowance		
Is entitled to the higher or middle rate of the care component of the disability living allowance		
Is entitled to an increase in the rate of his/her disablement pension		
Is entitled to an unemployability allowance		
Is entitled to income support which includes a disability premium		
<b><u>PLEASE PROVIDE EVIDENCE OF ALLOWANCE (ie Award Letter) ANY DELAY IN PROVIDING THIS EVIDENCE WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.</u></b>		
*Please state the nature of the impairment (eg Downs Syndrome, Alzheimer's Disease)		
*Date Impairment Effective from:		

## **CHECKLIST**

Before returning the form please check that:



- Part 1 is completed in **FULL** on behalf of the applicant
- Part 2 has been completed by the applicants doctor
- Evidence of allowance is enclosed

***Failure to provide this will result in a delay in processing your application.***

## **APPLICATION TO BE DISREGARDED FROM COUNCIL TAX ON THE GROUNDS OF SEVERE MENTAL IMPAIRMENT**

### **Guidance Notes**

**EXEMPTION** If a dwelling is occupied only by a person or persons who is, or are, severely mentally impaired, the dwelling will be exempt from Council Tax providing no one else is liable for the bill. (For example, a house in multiple occupation or a care home.)

**DISCOUNT** If a severely mentally impaired person lives in a property also occupied by a person or persons not mentally impaired, the severely mentally impaired person will be disregarded. Therefore, a discount of 25% may be claimed if there is only one other adult in residence who is counted for Council Tax purposes.

**DEFINITION** A person is severely mentally impaired if he/she has severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

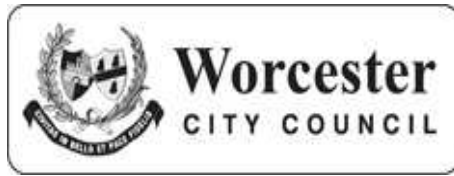
In order to qualify for an exemption or a discount, a registered Medical Practitioner has to confirm that the applicant is severely mentally impaired AND the applicant must be entitled to one or more of the following benefits:

1. an incapacity benefit/employment support allowance
2. an attendance allowance
3. a severe disablement allowance
4. the care component of a disability living allowance payable at the highest or middle rate
5. an increase, where constant attendance is needed, in his/her rate of disablement pension
6. a disability working allowance
7. an unemployability supplement
8. a constant attendance allowance
9. an unemployability allowance
10. income support which includes a disability premium

South Worcestershire Revenues & Benefits Shared Services  
P.O.Box 11, Pershore, Worcs WR10 1PU  
Telephone 01905 822733 Email:revenues@swrbss.org



www.malvern hills.gov.uk



www.worcester.gov.uk



www.wychavon.gov.uk

**AUTHORISATION**

I authorise the Applicant's Doctor to complete Part Two of this application to be returned to the South Worcestershire Revenues & Benefits Shared Service, P.O.Box 11, Pershore, Worcs WR10 1PU

*Doctor's Name:	
*Doctor's Surgery/Hospital Address:	
*Signature of Person acting on behalf of Applicant:	
*Full Name:	*Relationship to Applicant:
*Relationship to Applicant:	
*Address	
*Date form completed:	Daytime Telephone Number (You do not have to give this information but it may help if we have to contact you with any queries)

**PART TWO To be completed by a registered medical practitioner:**

**Paragraph 58, Column 1, Schedule 4 of the NHS, GMS, Regulations 2004**, state that the following certificates must be provided free of charge: "To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the council tax or eligibility for a discount in respect of the council tax payable"

*Doctors Surgery/Hospital Address (if different from Part One)	
*I certify that in my opinion the applicant named in Part One of this form (please tick appropriate box)	
<b>IS</b> <input type="checkbox"/>	<b>IS NOT</b> <input type="checkbox"/>
Suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992. DEFINITION - A person is severely mentally impaired if he/she has severe impairment of intelligence and social functioning (however caused) which appears to be permanent.	
*Effective date of severe mental impairment:	
*Doctor's signature:	
*Doctor's Full Name:	
*Date:	*Doctor's Status: