

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

Please read the guidance notes on page 3 and complete this application form in full using black ink and return it to the address overleaf. You must complete all of page 1 and the declaration and authorisation on page 2. The applicant's doctor must complete the bottom section of page 2.

Failure to provide any of the information requested may result in unnecessary delays.

Account or property reference (if known):		
Full address of property for which exemption/discount is being claimed:		
Please provide the full names of all the adults who have their sole/main residence in the property:		Total number of adults resident:
Full name of applicant (for whom exemption or disregard is being claimed):	Applicant's date of birth: / /	
I DECLARE THAT THE APPLICANT IS ENTITLED TO;	Entitlement:	If YES , date awarded:
Attendance allowance or constant attendance allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Disability working allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Daily living component of personal independence payment (standard or enhanced rate) / care component of disability living allowance (higher or middle rate)	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Employment support allowance / incapacity benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Income support, which includes a disability premium	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Increase in the rate of his/her disablement pension	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Severe disablement allowance	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
Unemployability allowance / supplement	YES <input type="checkbox"/> NO <input type="checkbox"/>	/ /
PLEASE ENSURE YOU PROVIDE EVIDENCE OF ALLOWANCE FROM DATE OF AWARD ONWARDS SHOWING ONGOING ENTITLEMENT (E.G. DWP AWARD LETTER).		
Nature of the impairment (e.g. Down syndrome, Alzheimer's Disease etc.):	Effective from: / /	

Please continue overleaf.../

DECLARATION: I declare to the best of my knowledge and belief that all the information I have given on this application is true and complete in all respects. I authorise the Council to make any enquiries they wish to verify the information. Personal data is collected and processed in accordance with data protection law. The South Worcestershire Revenues and Benefits Partnership is managed by Civica who process data on behalf of the Data Controllers namely; Wychavon District Council, Worcester City Council and Malvern Hills District Council. For further information please visit the Council's website for the area you live in and search for Privacy Notices.

YOU MUST NOTIFY THE COUNCIL AS SOON AS THESE CIRCUMSTANCES CHANGE. YOU ACKNOWLEDGE THAT FAILURE TO DO SO COULD RESULT IN A PENALTY BEING IMPOSED

I authorise the applicant's doctor to complete page 3 of this application form, which needs to be returned to South Worcestershire Revenues & Benefits Shared Service, P.O. Box 11, Pershore, Worcs WR10 1PU.

Full name and address:	Signed:
Relationship to applicant (if completed on their behalf):	Date: / /
Doctor's full name and surgery/hospital address:	
Daytime telephone number:	
Email address:	

*Not compulsory but may help if we have any queries.

TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER:

PLEASE NOTE: Paragraph 58, Column 1, Schedule 4 of the NHS, GMS, Regulations 2004, states 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 Council Tax or eligibility for a discount in respect of the council tax payable'.

Doctor's full name and surgery/hospital address:	
I certify that in my opinion the applicant named on page 1 of this form IS <input type="checkbox"/> IS NOT <input type="checkbox"/> suffering from a <u>severe mental impairment</u> of intelligence and social functioning (however caused) which appears to be permanent, since / / .	
Nature of the impairment (e.g. Down syndrome, Alzheimer's Disease etc.):	
Doctor's status:	
Doctor's full name:	Signed:
	Date: / /

Guidance Notes

Class U exemption/disregard – A dwelling that is occupied by persons who are classified as severely mentally impaired according to the definition below.

An exemption will apply when all residents are severely mentally impaired, providing no one else is liable for the bill (e.g. house in multiple occupation or care home).

A discount will apply when all but one residents are severely mentally impaired, and in these instances a 25% discount will apply.

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. Employment support allowance / incapacity benefit
2. An attendance allowance
3. A severe disablement allowance
4. The daily living component of personal independence payment (standard or enhanced rate) / 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 Service
PO Box 11, Pershore, Worcs WR10 1PU