Severely Mentally Impaired Disregard

Application Form



(Please complete this form in BLOCK capital letters)

Part One - To be completed by the applicant (taxpayer) or applicant's advocate		
Council Tax account number		
Full name of applicant		
Applicants address		
Post Code		
Is this form being	g completed by someone else?	Yes/No (Delete as appropriate)
Advocate's name		
Advocate's address		
Post Code		
Advocate's telephone number		
Relationship to applicant		
Should all future correspondence be issue	ed to the advocate's address?	Yes/No (Delete as appropriate)
Does the advocate have, or has rece Atto	ently applied for, legal Power of rney for the applicant's affairs?	

(If yes please provide a copy of the Power of Attorney as soon as possible. Alternatively please supply a signed letter of authorisation in order for the Council to be able to discuss Council Tax matters with you)

Please give the names of any other adults (over 18) who reside in the property

Date of Birth	Relationship to applicant
	Date of Birth

Please confirm if the applicant is entitled to one or more of the following qualifying benefits:

Attendance Allowance (Over 65 Years) (paid at lower or higher rate)	
Disability Living Allowance (which includes care component payable at higher or middle rate)	
Constant Attendance Allowance (at one of the four rates payable with disablement benefit or war disablement pension)	
Income Support (which includes a disability premium on grounds which includes incapacity for work)	
The disability element of Working Tax Credits	
Personal Independence Payment (Including daily living component at standard or enhanced rate)	
Employment and Support Allowance (Support Component) which includes the enhanced disability premium	
Universal Credit (which includes Limited Capability for Work/Limited Capability for Work & Work Related Activity element)	
Other (Please refer to guidance notes)	
If 'Other' please list the qualifying benefit:	

In order for your application to progress please ensure a copy of the DWP entitlement letter evidencing the above is submitted with this application.

Important information

For the purpose of the Local Government Finance Act 1992, a person is severely mentally impaired if they have a <u>severe impairment</u> of intelligence and social functioning (however caused) <u>which appears to be permanent</u>.

By completing this form you declare that the information is true and accurate to the best of your knowledge. If circumstances change in relation to the above you must inform the Council Tax department immediately. Failure to notify of a change in entitlement to a discount within 21 days may lead to a penalty of £70 being imposed.

Signed:

Date:

Print:

The authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Part Two - To be completed by the applicant's doctor

	(Please complete this form in BLOCK capital letters)
Applicant (patient's) Name	
Doctors name	
Name & Address of aurgent/beenitel	
Name & Address of surgery/hospital	
Post Code	

Request to doctor

This form is for use in deciding whether the person named in part one is severely mentally impaired for the purposes of awarding a Council Tax Disregard or Exemption.

For the purpose of the Local Government Finance Act 1992, a person is severely mentally impaired if they have a **<u>severe impairment</u>** of intelligence and social functioning (however caused) **which appears to be permanent**.

Type of Condition:	
Brief Summary:	

In my opinion, the person name in part one of this form is severely mentally impaired and has been so from:

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Please tick one of the following boxes:

PermanentI confirm the condition suffered in order for me to make to above determination appears to be permanent and I have expectation of an improvement that would reverse my determination	e no
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Doctors Signature:	Surgery Stamp:
Print name:	
Date:	(not valid without stamp)

The General Medical Committee of the BMA has agreed that for the purpose of the Local Government Finance Act 1992 medical certificates should be issued without charge to the applicant or his/her representative.

Severely Mentally Impaired Disregard Guidance Notes



If a person who resides within a premises is permanently severely mentally impaired, a discount or exemption may be applicable. Whether it is a discount or exemption that may be awarded will depend on the circumstances of any other occupants.

A person is considered to be severely mentally impaired if:

- The person has a severe impairment of intelligence and social functioning (however caused) which appears to be **permanent** <u>and</u>,
- The person obtains a certificate duly signed to that effect by a registered medical practitioner and,
- The person has an underlying entitled to any of the following benefits:
- Incapacity Benefit under s.30A of the Social Security Contributions and Benefits (SSCB Act 1992). (This benefit ceased on the 27th October 2008)
- 2. Attendance Allowance (Over 65 Years) under s.64 SSCB Act.
- 3. Severe Disablement Allowance under s.68 SSCB Act. (This benefit ceased on 6th April 2001)
- 4. The care component of a Disability Living Allowance payable either at the highest rate or at the middle rate under s.71 and s.72 SSCB Act.
- 5. The standard or enhanced rate of Daily Living Component of the Personal Independence Payment
- 6. An increase in the rate of Disablement Pension under s.104 SSCB Act.
- A Disability Working Allowance under s.129 SSCB Act for which the qualifying benefit is:
 a) One falling within s.129 (2) (a) (l), or (ii), or
 b) Income Support, and the applicable amount formerly payable included a disability premium
- 8. An un-employability supplement under Part I of Sch. 7, SSCB Act.
- A constant attendance allowance under article 14 of the Personal Injuries (Civilians) Scheme 1983 or article 14, Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983.
- 10. An unemployability allowance under article 18 of either of the provisions referred to immediately above.
- 11. Income Support where the applicable amount includes a disability premium.
- 12. Incapacity Benefit under s.40 and 41 of the SSCB Act 1992.
- 13. Armed forces independence payment under the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011
- 14. The disability element of Working Tax Credits
- 15. Employment and Support Allowance (Including Support Component).
- 16. Universal Credit (Including Limited Capability for Work or Limited Capability for Work and Work Related Activity)

Because of the complexity of this particular disregard or exemption it is essential that the Taxpayer be required to complete an application form. The standard form requires full details to be provided including evidence of benefits received and also a signature of a medical practitioner.