

Local Taxation Team Civic Centre High Street Esher Surrey KT10 9SD

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Council Tax Severe Mental Impairment Discount / Exemption Application

Address	

Account Ref

(This is shown on your Council Tax Bill)

A discount / exemption may be awarded where a person is suffering from severe mental impairment which appears to be permanent. An exemption will apply when all residents of a property are classed as severely mentally impaired. An exemption will also apply should all residents be a combination of severely mentally impaired persons and qualifying students (students will need to provide a certificate from their place of study). A discount will apply when all but one of the residents are classed as severely mentally impaired.

To qualify for a discount / exemption the severely mentally impaired person must be entitled to one of the benefits listed below AND a medical practitioner must confirm their severe mental impairment. For the purpose of this application a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please supply the information requested below to apply for a discount / exemption.

Section 1 – List all residents in property aged 18 or over

Name	Severely Mentally Impaired Yes/No	Full Time Student Yes/No

Section 2 – Benefit(s) received by person(s) who are severely mentally impaired

Employment Support Allowance or Incapacity Benefit	A Severe Disability Allowance				
An Unemployability Supplement	An Unemployabilty Allowance				
An Attendance Allowance	A Constant Attendance Allowance				
A Disability Working Allowance	An increase in the rate of Disablement Pension				
Care Component of a Disability Living Allowance, paid at the middle or highest rate					
Income Support where the applicable amount includes a disability premium					
Standard or enhanced rate of the daily living component of personal independence payment					
Universal Credit under part 1 of the Welfare Reform Act which includes an amount for limited capability for work					

IMPORTANT: Please send proof of the benefit entitlement (for example, a copy of an entitlement letter)

Section 3 – Your Declaration

Please note that any discount will only be awarded on the basis of your current circumstances. You are required to inform the Council within 21 days should there be a change, for example if another adult joins your household. The Council Tax payer or a person with authority to sign on their behalf should complete this section.

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief. I understand it is a serious offence to accept a discount or exemption to which I am not entitled.

Signature		Date	
Print Name		Telephone	
E-Mail			
Relationship to applicant (if applying on their behalf)			
Address (if applying on behalf of severely mentally impaired person)			
	Use this Address for f	uture Bills and Enquiries	? Yes / No

Section 4 – Doctor's Declaration

Please ask a registered medical practitioner to complete this section (this will normally be the impaired person's Doctor/GP) and then return the whole of this completed form, together with evidence of benefit entitlement, to the Civic Centre. A separate declaration will be needed for each severely mentally impaired occupier (please copy form as required). There is no charge from the practitioner.

I certify that in my opinion (please enter patient's name) is / is not (please delete as appropriate) suffering from permanent severe mental impairment.

Doctor's Signature	
Doctor's Name	Doctors status (GP etc.)
Date of Diagnosis	Date of Signature
Surgery/Hospital Address	
Contact Tel/Email	

Surgery/Hospital Official Stamp:

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