Council Tax – Application for Severely Mentally Impaired Discount/Exemption

Please read the notes below before filling out this form

A Council Tax bill is based on two adults living in a property. If one of the adults is severely mentally impaired then a 25% discount may be awarded. Where a person with a severe mental impairment lives in a property on their own they are exempt from Council Tax, which means they have nothing to pay.

In order for us to award the reduction all of the following points must apply:

- the person must have a severe impairment of intelligence and social functioning, which appears to be permanent;
- a registered medical practitioner (e.g., doctor) must confirm this by completing part 2 of the form;
- there must be an entitlement to one of the benefits shown in Part 1 section E of this form.

Proof of the qualifying benefit must be supplied with this form – if not, there will be a delay in dealing with the application. If you do not wish your medical practitioner to see information relating to your income, complete part E after they have signed part 2.

Once you have printed and completed Part 1 and your GP has completed Part 2 of this form please upload a scanned copy or digital image (photo) to www.middlesbrough.gov.uk/revsupload along with proof that you get a qualifying benefit.

PART 1 – To be completed by the person claiming the discount

A. Please provide the address you are claiming the discount for.

______________________________

B. Please list everyone over 18 who lives in the property

______________________________

______________________________

C. Which of the above people is severely mentally impaired?

______________________________

D. Please supply this person’s:
   - Date of Birth __________________________
   - National Insurance number __________________________
We need this information in case we need to contact the Department for Work & Pensions (DWP) regarding this discount claim. Please tick here to give us permission to do this, if necessary.

E. Which of the benefits below is the person in section C entitled to?

- Incapacity Benefit
- Employment and Support Allowance
- A Severe Disablement Allowance
- An Unemployability Allowance
- An Unemployability Supplement
- Disability element of Working Tax Credit
- An Attendance Allowance (including Constant Attendance Allowance within War Pension)
- Care component of a Disability Living Allowance, paid at any rate
- An increase in the rate of Disablement Pension (where constant attendance is needed)
- Income Support where applicable amount includes disability premium
- A Personal Independence Payment (PIP) Daily Living Component at the standard or enhanced rate

Please enclose proof, such as a letter from the DWP.

If the person is not getting one of these benefits, which of the following things applies?

Please enclose a letter from the DWP confirming this.

- They have reached pensionable age but they would have been entitled to one of the benefits above if they were below that age;
- They have a partner who is getting Job Seeker's Allowance which includes a premium because of their impairment.

F. Please give the name and address of the person's doctor (or registered medical practitioner).

G. Do you give the doctor permission to complete the form below?

- Yes
- No

Your signature: .................. Please print your name: ..............................

If you have signed on behalf of the mentally impaired person, please give your relationship to them and your own address:

Relationship: .................................

Your address .................................
H. **Declaration** - the person who has filled in this form must sign this declaration.
   The information I have given on this form is true and complete.

   Signature: .................................................. Date: .............................................
   Phone Number: ...........................................
   Now please ask the doctor to fill in Part 2 below, then send this form back to us.

PART 2 – To be completed by a doctor or other registered medical practitioner

**Notes**
- This form is needed so that we can consider a claim for a Council Tax discount. The person making the claim should have given you permission to complete it (see section G above).
- Under the Local Government Finance Act 1992, a person is severely mentally impaired if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

A. In your opinion, is the person named in section C severely mentally impaired as described above?
   - Yes (Please give the effective date): ..............................................................
   - No
   Signed: ................................................................. Date: ......................................

B. Please print your full name here:.................................................................
   Surgery Stamp:
   Please give the address of your surgery or hospital:
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   Thank you for your help.

**How We Use Your Information – Privacy Notice**

We will use the information you give to us here to work out how much council tax you should pay, which will take into account any discounts, disregards or exemptions to which you are entitled. We may share the information you provide to check that it is correct, to help prevent/detect crime and to assist Audit and debt recovery.

We will only share your information when the law allows and will include agencies in the public sector e.g. other Council Departments, other Councils; the Department for Work and Pensions (DWP), Her Majesty’s Revenues and Customs (HMRC) and the Police; and in the private sector e.g. credit reference agencies.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act 1998. You have the right to request a copy of the information the benefit service holds about you. If you would like a copy of some or all of your personal information please e-mail us at the following address: foi@middlesbrough.gov.uk or call 01642 729815. There will be a small charge for this service.