

Application for Council Tax Discount (Severe Mental Impairment)

01432 260360

counciltax@herefordshire.gov.uk

Council Tax account number: _____

Before filling in this form please read the notes below.

A discount can be granted if there are fewer than two adults living in a property. When counting the number of adults, any person who is certified by a doctor as being severely mentally impaired, may be disregarded, provided that the person is entitled to one of the qualifying benefits listed overleaf.

The applicant should complete sections A to C in **CAPITAL LETTERS** and request that the doctor of the mentally impaired person completes the certificate at section D. The form should then be returned to: **Council Tax Section, Herefordshire Council, Plough Lane, Hereford, HR4 0LE.**

If you would like more information, advice or help with the form please contact the Council Tax Department at the above address, by email or on telephone number **(01432) 260360**. Telephone lines are open Monday, Tuesday, Wednesday, Friday 9am to 4.15pm, Thursday 9am to 4pm.

A. Applicant (Must be a person liable to pay the Council Tax for the property)

Full name: _____

Address of the property (that the discount is being applied for): _____

Please state the total number of people, aged over 18, who live in the property _____

B. Person to be disregarded (Must live in the property where the discount is being claimed)

Please indicate to which qualifying benefit(s) the person is entitled, by ticking the appropriate box(es) **and enclose evidence of entitlement**. Please supply a copy of a letter of entitlement from the DWP.

- | | |
|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | |
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Disabled Person's Tax Credit |
| <input type="checkbox"/> Care component of a higher or middle rate Disability Living Allowance | |
| <input type="checkbox"/> Increase in Disablement Pension due to the need for constant attendance | |
| <input type="checkbox"/> Constant Attendance Allowance payable with War Disablement Pension | |
| <input type="checkbox"/> Unemployability Supplement payable as an increase to Disablement Benefit | |
| <input type="checkbox"/> Unemployability Allowance payable with War Disablement Pension | |
| <input type="checkbox"/> Income Support which includes a disability premium due to incapacity for work | |
| <input type="checkbox"/> Employment and Support Allowance | |

C. Declaration by applicant

I declare that the information given in this form is correct to the best of my knowledge and belief and that appropriate evidence is enclosed. I understand that I must advise the Council at once if any of the circumstances change.

Signed: _____ Date: _____

D. Certificate to be completed by registered medical practitioner

Please tick the appropriate box:

- Yes, I certify that, in my opinion, the person named in section B overleaf is suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992* with effect from: _____
(insert date)
- No, I certify that, in my opinion, the person named in section B overleaf is NOT suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992*.

* A person is severely mentally impaired for the purposes of the Act if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Doctor's signature: _____ Date: _____

Doctor's full name: _____

Surgery/hospital address: _____

Notes for applicant

1. You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £50 and prosecution under the Theft Act 1978.
2. Any information provided will be treated in the strictest confidence but may be stored on computer and is therefore subject to the provisions of Data Protection legislation.