

# COUNCIL TAX

## APPLICATION FOR DISCOUNT DISREGARD/EXEMPTION (SEVERE MENTAL IMPAIRMENT)

Notes:

1. The applicant must complete Parts 1 to 4 only.
2. The doctor must complete Part 5.
3. Once the claimant has completed Parts 1 to 4, please pass the completed form, together with the envelope provided, to the doctor.
4. Once the doctor has completed Part 5, he/she must return the completed form to this office, in the envelope provided.
5. Should the claimant meet the criteria for this application, the discount/exemption will be awarded from the date it is received in this office and a revised Council Tax demand will be issued separately.
6. The information provided on this form will only be used for discount disregard/exemption purposes.

### Part 1 Claimant's Details

Surname: .....

First Names: .....

Account Number (if known): .....

Address: .....

.....

.....

Daytime Telephone Number: .....

Date of Birth (only necessary if claimant is under 18 or over 58): .....

Are you the sole resident (over the age of 18 ) in the property?    Yes    No

*(Please delete as appropriate)*

## Part 2

## Benefit Conditions

I declare that the claimant is in receipt of one or more of the following benefits or allowances or was entitled to one or more of them until he/she reached the state retirement age.

**Please tick the appropriate box.**

• Income Support (including a disability premium on the grounds that the claimant is incapable of work).

• Incapacity Benefit.

• Severe Disablement Allowance.

• Unemployment Supplement (payable as an increase to disablement benefit).

• Unemployment Allowance (payable with a war disablement pension).

• Attendance Allowance (at the higher or lower rate).

• Constant Attendance Allowance (at one of the four rates payable with disablement benefit or war disablement pension).

• The Care component of Disability Living Allowance (payable at the higher or middle rate).

• An increase in the rate of disablement pension.

• Disability Working Allowance.

**Proof of the relevant benefit or allowance MUST be provided before the claim can be processed.**

**Part 3 Declaration**

I declare that, to the best of my knowledge, the information provided on this application form is true.

Signature: .....

Date: .....

If a person, other than the claimant, has completed this form please complete this section.

Full name: .....

Address: .....  
.....

Relationship to claimant: .....

**Part 4 Authorisation to approach Doctor**

I give my consent that Basingstoke & Deane may approach my doctor at any time to discuss my application for a discount disregard/exemption.

Doctor's name: .....

Doctor's address: .....  
.....  
.....

Signature: .....

**Part 5                      Doctor's Certificate**

Doctor's name: .....

Doctor's address: .....  
.....  
.....

I certify that in my opinion, the applicant named in Part 1 of this form:

is  
*(Please delete as appropriate)*  
is not

suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992. For the purpose of this claim a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Doctor's signature: .....

Date: .....