

Your Ref:

Date:

COUNCIL TAX (DISCOUNT DISREGARDS) APPLICATION
SEVERE MENTAL IMPAIRMENT

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Applicant's Name	
Address	
Date Of Birth	

PART 1

On behalf of the applicant, please complete the list overleaf and Section B enclosed. This should be returned to the Council at the above address, along with appropriate evidence of entitlement to the benefits indicated (such as a letter of entitlement). I will then seek confirmation of the applicant's medical condition in accordance with Section B enclosed.

THE FORM SHOULD NOT BE SENT TO THE APPLICANT'S DOCTOR

In Order To Qualify For A Council Tax (Discount Disregard) The Council Will Need To Be Satisfied That The Person:

- a) Has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent
- b) That the person is entitled to receive one or more of the benefits listed overleaf

Doctors Name	
Doctors Address	

Continued Overleaf

- i. Incapacity Benefit under Section 30A of the **Social Security (Contributions & Benefits) Act 1992**
- ii. Attendance Allowance under Section 64 of that Act
- iii. Severe Disablement Allowance under Section 68 of that Act
- iv. Highest or Middle rate of the care component of a Disability Living Allowance under Section 71 of that Act
- v. An increase in the rate of Disablement Pension under Section 104 of that Act where constant attendance is needed
- vi. Disability Working Allowance under Section 129 of that Act, for which the qualifying benefit is one that falls within subsection (2) (a) (i) or (ii) of that section
- vii. Unemployability Supplement under Part 1 of schedule 7 to that Act
- viii. Constant Attendance Allowance with Disablement Benefit or War Disablement Pension
- ix. Unemployability Allowance
- x. Incapacity Benefit under Sections 40 and 41 of the Social Security and Benefits Act 1992
- xi. Disability premium included with Income Support
- xii. Personal Independence Payment at standard or enhanced rate under section 78(3) of the Welfare Reform Act 2012
- xiii. Employment Support Allowance (Income related or Contributory)

DECLARATION

I declare that the details stated in this application are true and accurate to the best of my knowledge and should my circumstances alter I will notify Newark & Sherwood District Council immediately.

Signature.....

Name..... Date.....

Please Do Not Forget To Enclose Appropriate Evidence Of Entitlement To Benefits

PART B

AUTHORISATION OF NEWARK & SHERWOOD DISTRICT COUNCIL

I authorise you to seek on the applicant's behalf the certificate set out in part 2 below from the Medical Practitioner*. I agree that the certificate should be returned to you as the charging Authority, with a copy for transmission to me.

Doctor's Name
Doctor's surgery/ Hospital Address
Applicant's name and
Signature of Person acting on Applicant's behalf
Full Name
Relationship to Applicant
Address
Date

* This will normally be the Applicant's General Practitioner

PART 2 – TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

Doctor's Surgery/Hospital Address
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Schedule 1 of the 1992 Act provides the definition of Severe Mental Impairment for Council Tax purposes as follow:-

“...a person is severely mentally impaired if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent”

A MEDICAL CERTIFICATE FOR THIS PURPOSE MUST BE BASED ON THE STATUTORY DEFINITION AND NOT ON ANY OTHER MEDICAL VIEW OF MENTAL IMPAIRMENT.

Please tick the appropriate box

I certify that in my opinion the Applicant named above: **IS** **IS NOT**
Suffering from Severe Mental Impairment for the purposes of the Local Government Finance Act 1992

Please give the date the illness was diagnosed

Doctor's Signature.....
Doctor's Full Name.....
Doctor's Status.....
Date.....

Surgery Stamp
(this must be endorsed before returning)

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**TO THE DOCTOR: Please return this form to the Council Tax office,
Newark & Sherwood District Council, Castle House, Great North Road,
Newark, Notts. NG24 1BY as soon as possible**