



Council Tax

Discount Application: Severely Mentally Impaired

**LANCASTER
CITY COUNCIL**

Promoting City, Coast & Countryside

Revenue Services

You should complete this application in respect of any person who you consider should be disregarded for Council Tax purposes because they are severely mentally impaired.

Please send the completed form, along with any evidence of entitlement to benefits, to the applicant's doctor. In most cases the doctor will be familiar with the applicant's medical history and may not need to see them before completing the certificate.

Name of person to be disregarded:	Date of Birth:	Account Reference:
Address of their main residence:		Total number of adults resident in the property:

A person may only be disregarded on the grounds of being severely mentally impaired if they are entitled to one of the following benefits:

- | | |
|---|--|
| <input type="checkbox"/> An incapacity benefit
<input type="checkbox"/> An attendance allowance
<input type="checkbox"/> A severe disablement allowance
<input type="checkbox"/> A disability working allowance
<input type="checkbox"/> An unemployment supplement
<input type="checkbox"/> An unemployment allowance | <input type="checkbox"/> Care component of a disability living allowance (payable at the highest or middle rate)
<input type="checkbox"/> An increase in the rate of disablement pension
<input type="checkbox"/> Income Support which includes a disability premium
<input type="checkbox"/> A constant attendance allowance |
|---|--|

Please state the date that the above benefit(s) are applicable from: _____

Please tick the appropriate box(es) and enclose evidence of the entitlement (e.g. copy of DSS decision note), showing the date that the benefit was first granted.



Declaration.

I accept responsibility for making this return and I declare that the information given is true and accurate to the best of my knowledge and belief.

Name of Doctor	Address of Surgery/Hospital:
Name of person acting on applicant's behalf:	Signature of person acting on applicant's behalf:
Relationship to the applicant:	Date:

If, after completing this form, any of the information you have provided changes, you are required to notify the Authority within 21 days.

Certificate: To be signed by a Registered Medical Practitioner

This certificate is for use in deciding whether the person named overleaf is severely mentally impaired for Council Tax purposes.

Please complete this certificate and return the form, together with any evidence of the applicant's entitlement to benefits (which was sent to you with the form) in the prepaid envelope provided.

The Local Government Finance Act 1992 states that 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.

In my opinion, the person named overleaf: **(Please tick as appropriate)**

is severely mentally impaired

is not severely mentally impaired

With effect from:

Doctor's Full Name:

Doctor's Signature

Doctor's Status (GP etc.):

Date:

**Please return the completed form to:
Revenue Services, P O Box 4, Town Hall, Lancaster LA1 1QR**

