



Council Tax



Discount Application: Severely Mentally Impaired

You should complete this application in respect of any persons who you consider should be disregarded, in the assessment of Council Tax discounts, 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 him/her before completing the certificate.

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| Name of person to be disregarded: | Address of their main residence: |
| Date of Birth: | How many 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:

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| <ul style="list-style-type: none"> ▪ An incapacity benefit ▪ An attendance allowance ▪ A severe disablement allowance ▪ A disability working allowance ▪ An unemployment supplement ▪ An unemployment allowance ▪ Employment and support allowance ▪ Disability element of working tax credit ▪ The standard or enhanced rate of the daily component of personal independence payments | <ul style="list-style-type: none"> ▪ Care component of a disability living allowance (payable at the highest or middle rate) ▪ An increase in the rate of disablement pension ▪ Income Support which includes a disability premium ▪ A constant attendance allowance ▪ Universal Credit with one of the above qualifying benefit elements |
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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 DWP decision note), showing the date that the benefit was first granted.

Please note that being entitled to one of these benefits means that an application must have been made and subsequently awarded

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



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| Date: | Contact telephone number: (in the event of a query) | e-mail: |
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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)**

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| <input type="checkbox"/> is severely mentally impaired With effect from: | <input type="checkbox"/> is not severely mentally impaired |
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| Doctor's Full Name (Block Letters): | Doctor's Signature: |
| Doctor's Status (G.P. etc.): | Contact telephone number: (in the event of a query) |
| Date: | e-mail: |

Personal information will be kept safe and secure and will only be kept for as long as is necessary. Further information can be found in the Privacy Notice on the Council's website
<https://www.lancaster.gov.uk/council-tax/council-tax-privacy-notice>



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