## APPLICATION FOR A COUNCIL TAX DISCOUNT SEVERELY MENTALLY IMPAIRED

Sections A & B, to be completed by the Council Taxpayer; Section C by relevant doctor



PRIVATE	& CONFIDENTIAL	Our Ref: Telephone: Email: Website Date:	01452 396396 revenues@glowww.gloucest 20 January 20	oucester.gov.uk er.gov.uk			
SECTION A A Council Taxpayer may receive a discount if someone is resident in the property and is severely mentally mpaired.							
Qualifyin	g Conditions						
1. A	certificate must be signed by a doctor co	onfirming the imp	pairment,	and:			
	The person who is severely mentally impaired must also be entitled to one of the qualifying benefits shown later in this form.						
Please c	complete the following details in black	( ink)					
1. Full na	ame of the Council Taxpayer (whose na	me is on the bill)					
2. Total n	number of people over the age of 18 livin	ng in the property	/: <u></u>				
3. Full na	ame of the person who is severely ment	ally impaired					
4. Addre	ss of the person who is severely mental	ly impaired:					

#### **SECTION B**

### **Qualifying Benefits**

The severely mentally impaired person must be entitled to one of the following benefits. Please tick the appropriate box. *Please supply documentary evidence with this application* 

Universal Credit (where an element for limited capability for work or limited capability				
for work & work related activity)				
Employment and Support Allowance (ESA)				
Attendance Allowance (AA)				
Severe Disablement Allowance				
Disability Living Allowance (with higher or middle rate care component)				
Daily living component of Personal Independence Payments (PIP)				
An increase in Disablement pension (where constant attendance is needed)				
Disability Working Allowance				
Disability element in Working Tax Credit				
Incapacity Benefit				
Constant Attendance Allowance				
Armed Forces Independence Payment				
Unemployability Supplement or Allowance				
Income Support (which includes disability premium)				
Partner is in receipt of increased Jobseekers Allowance due to S.M.I. person's				
incapacity to work.				
Application for a Doctor's certificate				

I need to obtain a certificate from the severely mentally impaired person's doctor. Please complete the details below to give authorisation:

Doctor's name:	
and surgery/hospital address:	

### **Declaration**

## To be signed by the Council Taxpayer:

I declare that the information given on this form is correct. I do not object to the council making any necessary enquiries to check this information.

Details of the person	Name:
acting on behalf of	Address:
the impaired person:	Signature: Date: D
	Dato



Date: .....

### **To The Doctor**

PRN:

# Certificate of Severe Mental Impairment in support of an application for a Council Tax discount

Patier	nt's name:
Addre	ess:
Please	e tick the appropriate box.
l certi	fy that in my opinion the patient named above
	is is not
suffer 1992.	ing from severe mental impairment for the purpose of the Local Government Finance Act
And t	nis is relevant from the following date
Note:	Severe mental impairment is defined in the Regulations as follows:
	A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.
Docto	r's signature:
Docto	r's full name:
	r's surgery/ tal address:

This certificate is for use only in applying for a discount from the Council Tax.

The form should be returned to the address below within 7 days.

#### APPLICATION FOR A COUNCIL TAX DISCOUNT

To be completed by the Council Taxpayer



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doctors address Doctors Name Our Ref:

Telephone: 01452 396495

Email: revenues@gloucester.gov.uk

Website www.gloucester.gov.uk

Date: 20 January 2025

Dear Doctor,

# Discount from Council Tax For the Severely Mentally Impaired

A discount has been claimed in respect of the person named in the attached form.

The definition of 'severely mentally impaired' for the purposes of the Local Government Finance Act 1992 is as follows:

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 discount does not flow from any specific medical diagnosis. It will be your clinical judgement based on the above definition.

If, you are uncertain whether or not an applicant is severely mentally impaired, you should not sign the form. If you do not sign the form you must still return it to the Council Tax section.

The General Medical Services Committee of the BMA has agreed that for the purpose of the Local Government Finance Act 1992, medical certificates should be issued without charge. The certificate has, accordingly, been added to Schedule 9 of the NHS (General Medical Services) Regulations 1992.

Please return the certificate (Section C) to the address below.

Thank you for your help. If you require any further information please contact Revenues & Benefits Services on (01452) 396396.