

Date:
Our Reference: WEB
Your Reference:

Dear

Disregarded person for the purpose of Council Tax
Severely Mentally Impaired

Please complete this form in BLOCK CAPITALS using a ball point pen

Name of person who may qualify for a discount:
Address:
Date of birth:

A	Declaration on benefit conditions
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I declare that: Please tick the appropriate box(es)

the applicant is entitled to an incapacity benefit or employment support allowance (ESA)	
the applicant is entitled to a severe disablement allowance	
the applicant is entitled to a disability working allowance	
the applicant is entitled to the care component of a disability living allowance at the highest or middle rate, or the daily living component of Personal Independence Payment (PIP) at the enhanced or standard rate.	
the applicant is entitled to an unemployability supplement or allowance	
Income support where a disability premium is included	
the applicant is entitled to attendance allowance at the higher or lower rate	
the applicant is entitled to constant attendance allowance at one of the four rates payable.	
the applicant is entitled to Universal Credit under part 1 of the Welfare Reform Act 2012 which includes an amount if a person has a limited capacity for work	

Please provide documentary evidence of the above benefit.

Please list below all people aged 18 or over living at the address and state if any are disregarded for Council Tax.

1. _____
2. _____

Please complete sections A and B. Return the application form to the address overleaf as soon as possible, along with the appropriate documentary evidence. We will contact the doctor direct.

B Authorisation of Head of Housing & Communities

I authorise you to seek, on the applicant's behalf the certificate set out in section C below from the following registered General Practitioner *. I agree that the certificate should be returned direct to you as Head of Housing & Communities with a copy for transmission to me.

Doctor's Name	
Doctor's surgery address	
Signature of person giving authorisation	
Full Name	
Relationship to applicant	
Address	
Date	

* This will normally be the applicants General Practitioner. Any certificate issued by the General Practitioner will be for use for applying for the purpose of disregard for Council Tax only. No charge will be payable.

C To be completed by Registered Medical Practitioner

To the doctor: Please complete and return this form to the Council Tax office in the envelope provided. The information you give will be used to calculate Council Tax discount and for no other purpose.

I certify that in my opinion the person named above

Is Is not Please tick appropriate box

Suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992.

Doctor's signature	
Doctor's name (Block capitals)	
Date	