

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:                                 |

|          |  |
|----------|--|
| <b>A</b> | <b>Declaration on benefit conditions</b> |
|----------|--|

I declare that: Please tick the appropriate box(s)

|  |                          |
|--|--------------------------|
| the applicant is entitled to an incapacity benefit or employment support allowance (ESA)   | <input type="checkbox"/> |
| the applicant is entitled to a severe disablement allowance  | <input type="checkbox"/> |
| the applicant is entitled to a disability working allowance  | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| the applicant is entitled to an unemployability supplement or allowance  | <input type="checkbox"/> |
| Income support where a disability premium is included  | <input type="checkbox"/> |
| the applicant is entitled to attendance allowance at the higher or lower rate  | <input type="checkbox"/> |
| the applicant is entitled to constant attendance allowance at one of the four rates payable.   | <input type="checkbox"/> |
| 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   | <input type="checkbox"/> |

**Please provide documentary evidence of the above benefit.**

Please list overleaf 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, and then take this form to your doctor for them to complete section C.

Once they have done so and you have the fully completed form, please return it, along with the appropriate documentary evidence, to the Castle Point Borough Council address overleaf.

|   |
|---|
| <b>B Authorisation of Head of Housing &amp; Communities</b> |
|---|

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.

|   |
|---|
| <b>C To be completed by Registered Medical Practitioner</b> |
|---|

To the doctor: Please complete and sign this form below. 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) |  |

