

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 Qualifying Benefits

To qualify for the Council Tax disregard, the person must be entitled to one of the benefits listed below, or would have been entitled to one of them if he/she had not already reached State pension age:

- Incapacity Benefit or Employment Support Allowance.
- Severe Disablement Allowance.
- Disability Working Allowance.
- Disability Living Allowance where the care component at the highest or middle rate is included.
- increase in the rate of Disablement Pension (increase where constant attendance needed).
- The daily living component of Personal Independence Payment (PIP).
- Attendance Allowance
- Unemployability Supplement or Allowance
- Constant Attendance Allowance payable under the industrial injuries or war pension schemes.
- Armed Forces Independence Payments.
- Income support where a disability premium is included.
- Universal Credit under part 1 of the Welfare Reform Act 2012 which includes an amount if a person has a limited capacity for work.
- State Retirement Pension where the person concerned would have qualified for one of the above except that they are over pensionable age.
- Partner of a person in receipt of income-based Jobseekers Allowance which includes a disability or higher pensioner premium.



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 then take this form to your doctor for them to complete section B. You should then return it together with proof of entitlement to benefits to the Castle Point Borough Council address overleaf.

Declaration:

I authorise you to seek, on the applicant's behalf the certificate set out in section B below from the following registered General Practitioner *.

Signature of person acting on applicant's behalf	
Full Name	
Relationship to applicant	
Address	
Doctor's Name	
Doctor's surgery 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 To be completed by Registered Medical Practitioner

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)	

