

Severe Mental Impairment Discount / Exemption Application

Name Account no.

Address (this is shown on your Council Tax bill)

A discount / exemption may be awarded where a person is suffering from severe mental impairment which appears to be permanent. An exemption will apply when all residents of a property are classed as severely mentally impaired. An exemption will also apply should all residents be a combination of severely mentally impaired persons and qualifying students. A discount will apply when all but one of the residents are classed as severely mentally impaired.

To qualify for a discount / exemption the severely mentally impaired person must be entitled to one of the benefits listed below **AND** a medical practitioner must confirm their severe mental impairment. For the purpose of this application a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please supply the information requested below to apply for a discount / exemption.

SECTION 1 – List all residents in property aged over 16

Name	Date of Birth	Full-Time Student (Y / N)

SECTION 2 – Full Name of the person (s) severely mentally impaired

SECTION 3 – Benefit (s) received by person (s) named in Section 2

- | | | | |
|---|--------------------------|--|--------------------------|
| Employment Support Allowance or Incapacity Benefit | <input type="checkbox"/> | A Severe Disablement Allowance | <input type="checkbox"/> |
| An Unemployability Supplement | <input type="checkbox"/> | An Unemployability Allowance | <input type="checkbox"/> |
| An Attendance Allowance | <input type="checkbox"/> | A Constant Attendance Allowance | <input type="checkbox"/> |
| A Disability Working Allowance | <input type="checkbox"/> | An increase in the rate of Disablement Pension | <input type="checkbox"/> |
| Care component of a Disability Living Allowance, paid at the highest or middle rate | | | <input type="checkbox"/> |
| Income Support where the applicable amount includes a disability premium | | | <input type="checkbox"/> |

DWP Allowance Number (if known)

IMPORTANT

IN ORDER TO AWARD THE DISCOUNT / EXEMPTION WE MUST HAVE PROOF OF THE BENEFIT RECEIVED IN THE FORM OF AN ENTITLEMENT LETTER

SECTION 4 – Name and Address of Doctor

SECTION 5 – Declaration

Please note that any discount will only be awarded on the basis of your current circumstances. You will be required to inform the Council within 21 days should there be a change, for example if another adult enters your household. If you fail to report any such change this could result in a fixed penalty being imposed on you, in addition to the recovery of any overpaid discount.

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief, and I hereby give permission for the Council to approach the medical practitioner named above in order to verify entitlement to discount / exemption

Signature		Date	
Print name		Telephone	
E-mail			
Relationship to applicant (if applying on their behalf)			
Address (if applying on behalf of severely mentally impaired person)			

**Please return completed form with letter of benefit entitlement to -
Council Tax, Civic Centre, Regent Street, Gateshead, NE8 1HH**

In accordance with Data Protection Law we may use any information you give us to prevent or detect fraud or other crimes. We may also share information with other Council services or public organisations if required by law to do so.