

COUNCIL TAX DISCOUNT APPLICATION SEVERELY MENTALLY IMPAIRED

Name		Account no.	
Address			

(this is shown on your Council Tax bill)

IMPORTANT INFORMATION - PLEASE READ THE NOTES BELOW BEFORE FILLING IN THIS FORM:

Someone who is Severely Mentally Impaired (SMI) will not be counted when working out the Council Tax bill.

A discount will apply where all but one of the adults living in a property are classed as SMI. There will be no discount if 2 or more adults who are not SMI live in a property (unless they fall into another discount class). An adult is someone who is aged 18 or over. For example:

- 2 adults live in a property. 1 adult classed as SMI = 25% discount
- 3 adults live in a property. 1 adult classed as SMI = 0% discount

To be classed as SMI for Council Tax a person must be:

1. Entitled to at least one of the qualifying benefits listed below:

- | | |
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| <ul style="list-style-type: none"> * Incapacity Benefit * Attendance Allowance * Armed Forces Independence Payment * Disability Element of Working Tax Credit * Constant Attendance Allowance * Income Support with Disability Premium * High or Middle Rate Care Component of Disability Living Allowance * Enhanced or Standard Rate Daily Living Component of Personal Independence Payment * Partner receiving Jobseekers Allowance which includes a Disability Premium for the SMI person * Have reached pensionable age and would be entitled to one of these qualifying benefits if they were below pensionable age * Universal Credit (including an element for limited capability for work or limited capability for work and work related activity) | <ul style="list-style-type: none"> * Employment Support Allowance * Severe Disablement Allowance * Increase in rate of Disablement Pension * Unemployability Supplement * Unemployability Allowance |
|--|--|

And

2. Confirmed by a doctor (or another registered medical practitioner) as SMI.

If you wish to apply for the SMI discount please complete the details on the back of this form.

Yours sincerely



Strategic Director and Borough Treasurer, Resources and Digital

WHERE SHOULD I SEND MY COMPLETED FORM?

Return by post to: Gateshead Council, Council Tax Section, Civic Centre, Regent Street, Gateshead NE8 1HH

Return in person to: Council Tax Reception Desk at the Civic Centre

Alternatively scan and email your completed application to counciltax@gateshead.gov.uk

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I can confirm that the information I am about to provide is correct. I understand that any discount will only be awarded on the basis of my current circumstances. I will inform Gateshead Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid discount. I give permission for Gateshead Council to approach the doctor / medical practitioner named on this form to confirm Severe Mental Impairment.

Full Name and Address of Council Taxpayer: _____

Council Tax Account Number: _____

IF YOU ARE NOT THE COUNCIL TAXPAYER FOR THE ADDRESS THE DISCOUNT IS BEING APPLIED FOR PLEASE COMPLETE THE FOLLOWING:

Your Name and Address: _____

Relationship to the Severely Mentally Impaired Person: _____

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

Signed: _____ Date: _____

Daytime Telephone Number: _____ E-mail: _____

1. NUMBER OF RESIDENTS – Please tell us the names of all people (including yourself) over the age of **16** who live in the property.

Full Name	Date of Birth	Are They Severely Mentally Impaired? Yes / No

2. BENEFIT IN PAYMENT – Please tell us the qualifying benefit(s) in payment and the date awarded from. YOU MUST SUPPLY THE LETTER OF ENTITLEMENT FOR THE QUALIFYING BENEFIT. WITHOUT THIS LETTER GATESHEAD COUNCIL ARE UNABLE TO PROCESS YOUR APPLICATION FOR DISCOUNT.

Qualifying Benefit(s)	Date Paid From	Letter of Entitlement Supplied (please tick when letter attached)
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

3. NAME AND ADDRESS OF DOCTOR – Please tell us the name and address of Doctor or other registered medical practitioner you want us to contact to confirm Severe Mental Impairment.

Name of Doctor / Medical Practitioner	Surgery / Hospital Address