

### **Swindon Borough Council (Revenues)**

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# Council Tax Application for Discount Severe Mental Impairment

## **NOTE FOR PERSON ASSISTING APPLICANTS:**

You should complete this form on behalf of the applicant (the severely mentally impaired person) and send it along with any evidence of entitlement to one of the benefits described overleaf, to the applicant's doctor. In most cases, the doctor will be familiar with the applicant's medical history and may not need to see him/her before completing the certificate.

Please complete the following details:

Council Tax Accepte found on the	count Reference front of a bill):	(This can				
How many adult occupants are presently living in the property (18 years and over including the person for whom this discount application is being made):						
Full Name of Ap	plicant:					
Full Name of any resident(s) in the	<b>,</b>					
Address of Applicant:			Doctor's Name GP)	e (normally the applicants		
			Address of Surgery/Hospital			
<b>DECLARATION:</b> I declare that the person named above is entitled to one or more of the benefits listed overleaf and I enclose evidence of such entitlement.						
Signed on applicant's behalf:						
Full Name:						
Address:						
Date:		Relations Applicant	•			

**REQUEST TO DOCTOR:** Please complete the Certificate enclosed with this form, stating whether the applicant named above is severely mentally impaired. Please send this application form, the enclosed documents which relate to the applicant's entitlement to benefits, and the Certificate to the Local Authority.

## QUALIFYING BENEFITS FOR COUNCIL TAX DISCOUNT FOR SEVERELY MENTALLY IMPAIRED PEOPLE

To qualify for a Council Tax discount, a person who is severely mentally impaired must be entitled to one of the following benefits, or, in the case of a benefit which ceases to be payable on reaching pensionable age, have been in receipt of that benefit until it ceased for that reason.

- (a) Incapacity Benefit;
- (b) Attendance Allowance;
- (c) Severe Disablement Allowance;
- (d) The highest or middle rate care component of Disability Living Allowance or the standard or enhanced rate of Personal Independence Payments Daily Living component;
- (e) An increase in the rate of disablement pension where constant attendance is required;
- (f) A disability element of working tax credit;
- (g) An unemployability supplement;
- (h) Constant Attendance Allowance payable under the industrial injuries or war pensions schemes;
- (i) An unemployability allowance under the industrial injuries or war pensions schemes;
- (j) Income Support which includes a disability premium because of incapacity for work.

## Privacy Notice

By completing this application form you are confirming that you have read and understood our Privacy Notice, which outlines how we intend to use your personal data. The privacy notice can be viewed on the Council's website at <a href="https://www.swindon.gov.uk">www.swindon.gov.uk</a>

## **Council Tax - Discount**

## **Certificate of Severe Mental Impairment**

This Certificate is for use in deciding whether the person named below is severely mentally impaired for Council Tax purposes.

As detailed in the Local Government Finance Act 1992, a person is Severely Mentally Impaired if he/she has a severe impairment of both intelligence and social functioning (however caused) which appears to be permanent.

Full Name of Applicant:								
Declaration: In my opinion the above named person has a severe impairment of both intelligence and social functioning so that they are considered Severely Mentally Impaired as defined in the Local Government Finance Act 1992 and has been so since (Date):								
Doctor's Signature:			Date:					
Doctor's Full Name (Block Capitals)	<b>:</b> :							
Surgery / Hospital Address:								
Doctor's Status (GP / Consultant /	etc)							

#### To The Doctor

Please return the application, the Certificate and the evidence of applicant's entitlement to benefits (which has been sent to you by the applicant or person assisting them) to the Council.