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APPLICATION FOR COUNCIL TAX DISREGARDED PERSONS STATUS
PERSONS WHO ARE SEVERELY MENTALLY IMPAIRED

Certain groups of people are disregarded when the number of adult residents in a dwelling is counted for Council Tax purposes. These groups include persons who are severely mentally impaired. So that I may decide whether a Council Tax discount is applicable, please supply the information requested in Part 1, then forward this form, together with any evidence of entitlement to at least one of the benefits listed overleaf to the applicant's doctor, **NOT** to the Council.

Part 1:	Applicant Details:
Full Name:	
Full Address:	
Name of Applicant's Doctor:	
Surgery Address:	

I declare that the above named applicant is entitled to one or more of the benefits listed overleaf, and I enclose evidence of this entitlement.

<u>Signature of person acting on applicant's behalf:</u>	<u>Full Name and Address of person acting on applicant's behalf:</u>

Please turn to the list of benefits overleaf, place a tick against any, which the applicant is entitled to, and pass this form and **EVIDENCE OF ANY BENEFIT ENTITLEMENT** to the applicant's doctor.

Please also ensure that you submit proof of your benefit(s) with your application form

QUALIFYING BENEFITS FOR COUNCIL TAX DISCOUNT OR EXEMPTION

FOR THE SEVERELY MENTALLY IMPAIRED

To qualify for a Council Tax discount, a person who is severely mentally impaired must be entitled to one or more 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.

Please Tick Relevant Box(es)

1.	An incapacity benefit under Section 30A of the Social Security (Contributions and Benefits Act 1992)	<input type="checkbox"/>
2.	An attendance allowance under Section 64 of that Act	<input type="checkbox"/>
3.	A severe disablement allowance under Section 64 of that Act	<input type="checkbox"/>
4.	The care component of a disability living allowance under Section 71 of that Act, payable at the highest rate under Section 72(4) (a) or at the middle rate under Section 72(4) (b) of that Act	<input type="checkbox"/>
5.	An increase in the rate of disablement pension under Section 104 of that Act (increase where constant attendance needed)	<input type="checkbox"/>
6.	A disability working allowance under Section 129 of that Act for which the qualifying benefit is one falling within subsection (2)(a) (i) or (ii) of that section, or is a corresponding Northern Ireland benefit	<input type="checkbox"/>
7.	An unemployability supplement under Part 1 of schedule 7 to that Act	<input type="checkbox"/>
8.	A constant attendance allowance under: i, article 14 of the Personal Injuries (Civilians) scheme 1983, or ii, article 14 of the Naval, Military and Air Forces, etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument)	<input type="checkbox"/>
9.	An unemployability allowance under i, article 18(1) of the Personal Injuries (Civilians) Scheme 1983, or, ii, article 18(1) of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument)	<input type="checkbox"/>
10.	Income support where the applicable amount includes a disability premium awarded on the grounds of incapacity for work	<input type="checkbox"/>
11.	Incapacity benefit under sections 40 and 41 of the Social Security Contribution and Benefits Act 1992	<input type="checkbox"/>
12.	Personal Independence Payment (PIP) "the standard or enhanced rate of the daily living component of personal independence payment under section 78(3) of the Welfare Reform Act 2012"	<input type="checkbox"/>



COUNCIL TAX CERTIFICATION FOR THE SEVERELY MENTALLY IMPAIRED

This certificate is for use in deciding whether the person named below is considered severely mentally impaired for council tax purposes.

Part 2:	Doctor's Declaration:
Applicant's Full Name:	
Full Address:	

REQUEST TO THE DOCTOR:

Please complete this certificate stating whether the person named above is severely mentally impaired. For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion, the person named above is severely mentally impaired and has been so from **(please state exact date):**

Doctor's Signature:	Full Name:
Surgery/Hospital Address & Stamp:	Date:

Please return the application, the certificate and the evidence of the applicant's entitlement to benefits in the prepaid envelope provided. If you have any queries concerning the Council Tax and the severely mentally impaired, please contact Broxtowe Borough Council or refer to the Department of Health circular, reference PL/CO (93) 1 issued to all general medical practitioners in March 1993.

Privacy Notice

For information on how we process and store your personal data, please view the Council's Privacy notice statement for further information:

<https://www.broxtowe.gov.uk/about-the-council/communications-web-social-media/legal-privacy/>