

Mental impairment

Application for discount on the grounds of severe mental impairment

A person is disregarded for the purposes of Council Tax if he or she has a severe impairment of intelligence and social functioning (however caused), which appears to be permanent and is stated as such in a certificate from a registered medical practitioner and are entitled to one of the following qualifying benefits:

Attendance Allowance	Armed Forces Independence Payment
Severe Disablement Allowance	Any rate of the Daily Living component of Personal Independence Payment
Unemployability supplement	An increase for constant attendance in the rate of Disablement Pension
Constant Attendance Allowance	A Disability Working Allowance or a corresponding Northern Ireland benefit
Unemployability Allowance	Income Support where the applicable amount includes a disability premium
Incapacity Benefit	
Employment Support Allowance	
The higher or middle rate care component of Disability Living Allowance	

If you wish to apply for the discount / exemption you need to complete **part 1** and ask your doctor or a qualified medical practitioner to complete **part 2**.

Part 1

Full name of the person severely mentally impaired	
Address	
The person named above is entitled to (enter the name of the qualifying benefit)	

From (enter the date it was first awarded)

I confirm there are (please enter number) adults over the age of 18 resident at the above property including the person named as a person with severe mental impairment.

Signed

Print name

Telephone number

Please provide evidence of the benefit that the person who is severely mentally impaired is entitled to. A full entitlement letter is sufficient evidence.

Part 2

Doctors Certificate - To be completed by a medical practitioner

I certify that in my opinion the person named in **Part 1** of this form **is / is not** (please delete as applicable) severely mentally impaired for the purposes of the Local Government Finance Act 1992

Date condition first diagnosed

Signature

Doctors status
e.g. GP, consultant etc

Date

Address of surgery or hospital