

Council Tax discount claim form severe mental impairment

| | | |
|---------|------------------|--|
| Address | Account ref no | |
| | Date issued | |
| | Please return by | |

Qualifying description

Those who:

- ✓ have a severe impairment of intelligence and social functioning which appears to be permanent **and**
- ✓ have a certificate from a registered practitioner covering the relevant period of time **and**
- ✓ are in receipt of one of the qualifying benefits listed overleaf

(If they qualify for one of the benefits listed but do not receive it, please ask the DWP for a letter of confirmation and provide a copy of this letter with this form.)

Please read the qualifying description above and if you think a member of your household qualifies for this status discount, please provide the details requested below:

| | |
|--|--|
| State the number of persons living in the property aged 18 or over | |
| Name of person for whom discount is being claimed | |
| Name and address of doctor | |

Please tick the appropriate box showing benefits received and enclose evidence of receipt, for example, a letter of entitlement:

- | | |
|--|---|
| <input type="checkbox"/> Universal Credit (Limited Capability for Work/ Work related Activity) Element | <input type="checkbox"/> Personal Independent Payments |
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Care component of a Disability Living Allowance (top 2 rates) |
| <input type="checkbox"/> Top rate of Disablement Pension (i.e. where constant attendance needed) | <input type="checkbox"/> Disability Working Tax Allowance |
| <input type="checkbox"/> Unemployability Supplement or Industrial Injuries Disablement Benefit | <input type="checkbox"/> Constant Attendance Allowance |
| <input type="checkbox"/> Employment Support Allowance | <input type="checkbox"/> Income Support where the applicable amount includes a Disability Premium |
| | <input type="checkbox"/> Unemployability Allowance |

| | |
|---|--|
| Signed | |
| Date | |
| Name in BLOCK CAPITALS | |
| Address (if different from overleaf) | |
| Daytime telephone number | |
| Email | |

Please return this form to Revenue & Benefits and remember to enclose any proof requested.

Please remember to advise the Council if there is any change in circumstances which could affect the discount.

SS102779