

Council Tax Discount Claim Form Severely Mentally Impaired

Address:	Property 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"/> 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"/> Personal Independent Payments | <input type="checkbox"/> Unemployability Allowance |

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

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 status discount entitlement.

Our Ref: RB-08-0413