

Application for a Severe Mental Impairment/Illness Discount or Exemption

Thank you for your recent enquiry regarding a Severe Mental Impairment Discount/Exemption.

A person will qualify for the Discount or Exemption if a doctor certifies that there is a severe impairment of intelligence and social functioning which appears to be permanent. They must also be in receipt of a "qualifying benefit".

In order that I may assess if you are eligible, please complete the enclosed application form. All parts of the form should be returned to the Council Tax Office so that it can be sent to your registered Doctor for completion.

You should also send a recent award letter showing the date your "qualifying benefit" was awarded from.

Please ensure that the form and the relevant supporting documentary evidence are returned within 21 days from the date of this letter.

You must inform this office immediately if there is a change in your circumstances which may or may not affect your entitlement.

Remember that you can access a number of services from our website – **www.eastbourne.gov.uk** - and if you register and sign in to your account you can track the status of your reports and requests online.

Yours sincerely

Customer Advisor

Personal information that you provide or which is obtained from other sources will be used by the Council to assess entitlement to benefit or liability of taxes. The information may be used for other purposes such as audit, monitoring statistical or other research. Some of the data we hold may be shared with other bodies, Council or Government departments, agencies and similar organisations, to enable them to perform their duties or for comparison purposes. We carry out discount reviews by checking our records against credit bureau data and other data sets in order to verify that the discount has been correctly claimed.

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Eastbourne Borough Council in partnership with
Eastbourne Homes Limited

Eastbourne Homes Ltd is a company wholly owned by
Eastbourne Borough Council

5340097) England and Wales

(Registered Company Number:

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**Application for a
Severe Mental
Impairment/Ilness
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Discount/Exemptio
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Name:

Address:

Date of Birth:

Home telephone Number:

Mobile telephone Number:

Email Address:

National Insurance Number:

Please name all other people that live with you, their date of birth and the date they moved in:

Please give the name, address and telephone number of someone who is acting on your behalf or who has power of Attorney:

Please state which "qualifying benefit" you are in receipt of, from this list. **Please ensure you send in your most recent award letter with this form.**

Employment Support Allowance with support [replaces Long Term Incapacity Benefit]

Attendance Allowance

Severe Disablement Allowance

The highest or middle rate of care component of Disability Living Allowance

An increase in the rate of Disablement Pension where constant attendance is needed

Disability Working Allowance, amount received £

Constant Attendance allowance

Income Support which includes a Disability Premium

Please give your registered Doctor's name and surgery/hospital address.

Doctor's Name:

Address:

Telephone Number:

I declare that the above information is true and correct and that I will notify the Council tax Office of any changes in my circumstances that may or may not affect my entitlement.

I authorise Eastbourne Borough Council to contact my doctor confirming my Mental Impairment/Illness status.

Signed:

Date: