

**APPLICATION FOR COUNCIL TAX DISCOUNT
FOR SEVERE MENTAL IMPAIRMENT**

Note for person assisting applicants: **You must complete this form and send it, with any evidence of Entitlement to Benefits, to the applicant's Doctor.** In most cases, the Doctor will be familiar with the Applicant's medical history and may not need to see him / her before completing the Certificate.

Your Ref:

FULL NAME OF APPLICANT:	<input type="text"/>
ADDRESS:	<input type="text"/>

I declare that the person named above is entitled to one or more of the Benefits listed overleaf and I enclose evidence of such entitlement.

SIGNATURE OF PERSON ACTING ON BEHALF OF APPLICANT: _____

FULL NAME:

DATE: / /

TELEPHONE NUMBER AND EMAIL ADDRESS (IF POSSIBLE) FOR PERSON ACTING.	Phone.
	Email.

ADDRESS:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
RELATION TO THE APPLICANT:	<input type="text"/>
NAMES OF ALL OCCUPIERS OVER THE AGE OF 18	<input type="text"/>
DOCTOR'S NAME: (Usually the Applicant's GP):	<input type="text"/>
ADDRESS OF SURGERY / HOSPITAL:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

REQUEST TO DOCTOR: Please complete this Certificate stating whether the person named is severely mentally impaired. Please send this Application Form, the enclosed documents that relate to the Applicant's entitlement to Benefits and the completed Certificate to Eastbourne Borough Council at the address shown above..

PLEASE COMPLETE THE CERTIFICATE OVERLEAF

CERTIFICATE

Your Ref: _____

This Certificate is for use in deciding whether the person named is severely mentally impaired for Council Tax purposes. **PLEASE NOTE THAT THIS EXEMPTION IS FOR LIFE.**

FULL NAME OF APPLICANT: _____

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 was diagnosed on
_____/_____/_____.

DOCTOR'S SIGNATURE: _____ DOCTOR'S STATUS (GP etc)

DOCTOR'S FULL NAME: (Block capitals)	_____
SURGERY / HOSPITAL ADDRESS:	_____

QUALIFYING BENEFITS FOR COUNCIL TAX DISCOUNT FOR SEVERELY MENTALLY IMPAIRED PEOPLE

To qualify for Council Tax Discount, a person who is severely mentally impaired must be entitled to one of the following benefits, or, in case of benefit which ceases to be payable on reaching pensionable age, have been in receipt of that benefit until it ceased for that reason.

- An invalidity pension under Section 33, 40 or 41 of the Social Security Contributions and Benefits Act 1992.
- An attendance allowance under Section 64 of that Act.
- A severe disablement allowance under Section 68 of that Act.
- 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.
- An increase in the rate of his / her disablement pension under Section 104 of that Act (increase where constant attention is needed).
- A disability working allowance under Section 129 of that Act for which the qualifying benefit is one falling within Subsection (2)(a)(1) or (ii) of that section, or is a corresponding Northern Ireland benefit.
- An unemployment supplement under Part 1 of the Schedule 7 to that Act.
- A constant attendance allowance under:
 1. Article 14 of the Personal Injuries (Civilians) Scheme 1983, or
 2. 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).
- An unemployability allowance under:
 1. Article 18 (1) of the Personal Injuries (Civilians) Scheme 1983, or
 3. Article 18 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).
- Income Support where the applicable amount includes a disability premium in respect of which the additional condition in paragraph 12 (1)(d) of schedule 2 to the Income Support (General) Regulations 1987 is satisfied.