

Severe Mental Impairment Discount Form (Please use BLOCK CAPITALS and black ink)

Name of person to be disregarded:	Address of their main residence:
Date of Birth:	How many adults resident in the property?

A person may only be disregarded on the grounds of being severely mentally impaired if he/she is entitled to one of the following benefits:

<input type="checkbox"/> An incapacity benefit <input type="checkbox"/> An attendance allowance <input type="checkbox"/> A severe disablement allowance <input type="checkbox"/> A disability working allowance <input type="checkbox"/> An unemployability supplement <input type="checkbox"/> An unemployment allowance <input type="checkbox"/> Employment and support allowance <input type="checkbox"/> Disability element of working tax credit <input type="checkbox"/> Standard or enhanced rate of personal Independence payments	<input type="checkbox"/> Care component of a disability living allowance (payable at the highest or middle rate) <input type="checkbox"/> An increase in the rate of disablement pension <input type="checkbox"/> Income Support which includes a disability premium <input type="checkbox"/> A constant attendance allowance <input type="checkbox"/> Universal Credit with one of the above qualifying benefit elements <input type="checkbox"/> Universal Credit including limited capability for work and work-related activity
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Please state the date that the above benefit(s) are applicable from: _____

Please tick the appropriate box(es) and enclose evidence of the entitlement (e.g. copy of DSS decision note), showing the date that the benefit was first granted.

Name of person acting on applicant's behalf:	Signature of person acting on applicant's behalf:	
Relationship to the applicant:	Name of Doctor and Address of Surgery/Hospital:	
Date:	Contact telephone number: (in the event of a query)	e-mail:

This part of the form should be passed to the applicant's medical practitioner (eg G.P) for completion

Certificate: To be signed by a Registered Medical Practitioner

This certificate is for use in deciding whether the person named overleaf is severely mentally impaired for Council Tax purposes.

Please complete this certificate and return the form, together with any evidence of the applicant's entitlement to benefits (which was sent to you with the form).

The Local Government Finance Act 1992 states that 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.

Doctor's Full Name (Block Letters):	Doctor's Signature:
Doctor's Status (G.P. etc.):	Contact telephone number: (in the event of a query)
In my opinion, the person named overleaf: (Please tick as appropriate)	
<input type="checkbox"/> is severely mentally impaired With effect from:	<input type="checkbox"/> is not severely mentally impaired
Date:	e-mail:

The General Medical Services Committee of the BMA has agreed that, for the purpose of The Act, medical certificates should be issued without charge to the applicant or his / her representatives.

You can hand the completed form in at our One Stop Shop, e-mail or post it to this address:

Revenues & Benefits Section, PO Box 30, Town Hall, Lancaster Road, Preston, PR1 2GD.

E-mail: ctax@preston.gov.uk

Website: www.preston.gov.uk