

Council Tax Exemption for Properties solely occupied by Severely Mentally Impaired Person(s)

This application is in 2 parts

Part 1

Council Tax Account Reference Number:

Details of the person to be disregarded

Last Name..... First Name..... Date of Birth.....

Date discount disregard required from:

Entitlement

- | | | |
|-----|---|---------|
| (a) | Short-term or Long term Incapacity Benefit/ESA (on the grounds of illness or disability) | Yes/No* |
| (b) | Attendance Allowance | Yes/No* |
| (c) | Severe Disablement allowance | Yes/No* |
| (d) | The middle or higher rate care component of Disability Living Allowance | Yes/No* |
| (e) | Higher rate care component of personal independence payments | Yes/No* |
| (f) | Increase of Disablement pension where constant attendance in required | Yes/No* |
| (g) | Disability element of Working Tax Credit | Yes/No* |
| (h) | Constant Attendance allowance payable under the Industrial injuries or war Pension scheme | Yes/No* |
| (i) | Income Support which includes a disability premium on grounds which include Incapacity for work | Yes/No* |

*delete where applicable

Please give date the Allowance commenced:

Household details

Number of persons aged 18 or over resident in the applicants property:

Name(s) and date of birth(s) of people aged 16 or 17 who are resident in the applicant's property:

DECLARATION – Warning: deliberately giving false information could lead to prosecution.

I declare that the information I have given on this form is complete and accurate to be best of my knowledge

Signature: Date:

Full Name (Block Capitals):

Daytime Telephone Number: Email:

Please note: Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions.

Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice> for further details.

COUNCIL TAX EXEMPTION - SEVERELY MENTALLY IMPAIRED

Property Address:	Date of Issue:
	Account Reference:
	Property Reference:
	To be returned within 21 days

Please complete part 1 of this form and then forward to the Medical Practitioner to complete Part 2. You will also need to send us proof of your qualifying benefit.

PART 1 - AUTHORISATION OF HEAD OF REVENUES & BENEFITS

Name of applicant:

Applicant's address:

I authorise you to seek, on the applicant's behalf, a certificate from the following registered medical practitioner*

Doctor's name:

Doctor's surgery (or hospital):

Address of surgery (or hospital):

I agree that the Medical Practitioner should return this certificate direct to the Head of Revenues and Benefits if I am unable to do so myself.

Signature of person acting for the applicant:

Relationship to applicant:

Address:

Telephone number:

Date:

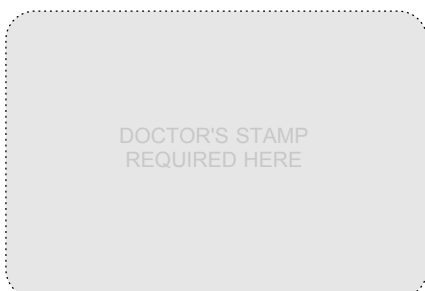
**This will normally be the applicant's General Practitioner. Any certificate issued will be for use ONLY in applying for a disregard for Council Tax exemption purposes.*

PART 2 - TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

The definition of severely mentally impaired, under the 1992 Local Government Finance Act, is as follows: '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'. Any medical certificate for Council Tax purposes must be based on this definition and not on any other medical view of mental impairment.

I certify that in my opinion, the applicant named above is/is not (please delete as applicable) suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992.

Date the above applicant became severely mentally impaired:



Doctor's signature:

Doctor's full name
(BLOCK CAPITALS)

Doctor's status:

Date: