

Council Tax



Revenues Section
Blaby District Council
Council Offices, Desford Road
Narborough
Leicester, LE19 2EP

Tel: (0116) 2727530
Fax: (0116) 2727591
Email: revenues@blaby.gov.uk

APPLICATION FOR COUNCIL TAX DISCOUNT FOR SEVERE MENTAL IMPAIRMENT

Name of Applicant

Address:

Doctor's Name:
(normally the Applicant's GP)

Doctor's Address:

Declaration:

I declare that the person named above is entitled to one or more of the benefits listed overleaf:

Signature of Person
acting on Applicant's behalf

Full Name:

Relationship to Applicant:

Address:

Date:

Contact telephone number (optional):

COUNCIL TAX DISCOUNT

QUALIFYING BENEFITS FOR SEVERELY MENTALLY IMPAIRED PEOPLE

A qualified medical practitioner (usually your Doctor) must confirm to the Council that in their medical opinion you are "severely mentally impaired".

AND

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

- a. Short term or long term incapacity benefit (IB)
- b. Severe disablement allowance (SDA)
- c. Highest or middle rate care component of disability living allowance (DLA)
- d. Increased disablement pension for constant attendance
- e. Attendance Allowance (AA)
- f. Constant attendance allowance payable under the industrial injuries or war pension schemes
- g. Armed forces independent payment
- h. Income Support including a disability premium because of incapacity for work.
- i. The disability element of working tax credit
- j. Standard or enhanced rate of daily living component of personal independence payments (PIP)
- k. Employment and support allowance (ESA)

If you are in receipt of any of the above benefits please provide proof in the form of an award letter or a bank account statement showing payment of the benefit.



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Certificate of Severe Mental Impairment

To Be Completed by Applicants Doctor

Name of Applicant

Address of Applicant:

Declaration:

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 has been so since

_____ (date).

Doctor's Signature:

Doctor's Name:
(in block capitals)

Surgery/Hospital Address:

Doctor's Status (GP etc..)

Date:

Contact telephone number (optional):

