

Council Tax



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

Tel: (0116) 2727530
Fax: (0116) 2750368
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

Please read carefully.

To qualify for the discount please provide evidence that the person qualifies as severely mentally impaired because they are in receipt 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.)

Please NOTE that the **Discount** will be applied from the date in which the Benefit started.

***** YOU MUST PROVIDE EVIDENCE OF THE BELOW QUALIFYING BENEFIT *******

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

Please Note: There should be no charge for the medical professional to complete this form.



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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

_____ (Specific date is required please).

Doctor's Signature:

Doctor's Name:
(in block capitals)

Surgery/Hospital Address:

Doctor's Status (GP etc..)

Date:

Contact telephone number (optional):

NO CHARGE TO PATIENTS FOR THIS CERTIFICATE (PLEASE SEE BELOW)

- 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 representative, it is intended that regulations will be amended to add the certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1 April 1993.

****NB HAVE YOU ENCLOSED A COPY OF YOUR QUALIFYING BENEFIT EVIDENCE**