

# Application for Council Tax Discount/Exemption (Severe Mental Impairment)

Account Number:	
Property Reference:	

Please:

- Use BLACK CAPITAL LETTERS
- Read the guidance notes carefully before completing this form.
- Please complete Sections 1 to 4, then pass the form, proof of benefit and stamped, addressed envelope to the impaired person's doctor to complete Section 5

If you need any help completing this form, please phone the Council Tax Office on 01205 314200

Relationship:

Telephone number:

Coation 1. The Co	averaly. Montally, Impaired Darran	
Section 1: The Se	everely Mentally Impaired Person	
Please provide the details below regarding the severely mentally impaired person.		
Name:		
Address:		
Telephone number:		
Date of birth:		
Email:		
From what date has the severely mentally impaired person lived in this property?		
How many people aged 18 and over live in the property?		
If you are completing this form on behalf of someone else, please give us your full name and address.		
Name:	Sum form on behalf of bonneone clock preade give ab your fait name and accress.	
Address:		
Relationship:		
Telephone number:		
Details of anyone who has the authority to discuss on behalf of the severely mentally impaired person.		
-	no has the authority to discuss on behalf of the severely mentally impaired person.	
Name:		
Address:		

## Please see the list below of the qualifying benefits. Please indicate with a tick ( ✔ ) which benefit the severely mentally impaired person is entitled to. ■ Universal Credit including the limited capability for work related activity element...... ■ Personal Independence Payment - daily living component paid at the standard or enhanced rate...... ■ Employment and Support Allowance..... ■ Severe Disablement Allowance ■ Disabled Persons Tax Credit..... ■ Disability Living Allowance - care component paid at the middle or highest rate..... ■ An increase in the rate of Disablement Pension where constant attendance is needed...... ■ Income-based Job Seeker's Allowance paid to a partner which includes a disability premium or higher pensioner premium......higher pensioner premium...... ■ Attendance Allowance..... ■ Unemployability Supplement..... ■ Income Support where the appropriate amount includes a disability premium...... ■ Constant Attendance Allowance paid under the personal injuries or war pensions scheme ...... ■ Unemployability Allowance paid under the personal injuries or war pensions scheme..... ■ Would have been entitled to one of the above benefits if they had not reached pensionable age....... Please provide proof of all qualifying benefits for the severely mentally impaired person - either a copy of your letter of entitlement or a screen shot showing your entitlement. If proof is not provided, it will not be possible to process your application. Section 3: Direct Debit Your change in circumstances may mean that we have to create a new Council Tax account. If you currently pay by Direct Debit and would like this to continue, please tick this box: ..... **Section 4: Declaration** I declare that the information given is correct to the best of my knowledge and I give authorisation for a Doctor or registered medical practitioner to provide the information in Section 5. If you are completing this form on behalf of the severely mentally impaired person, please complete this section below with your information. Name: Date: Telephone No: Signature: Email:

Section 2: Benefit Details

If after you have returned this form, there are any changes to your circumstances, please inform the Council Tax Team within 21 days. Not declaring a relevant change could result in you getting a financial penalty.

WARNING: If you deliberately provide false information or fail to give prompt notification of a change of circumstances, you could be prosecuted or receive a financial penalty under Section 3 of the Local Government Finance Act 1992 or the Council Tax Reduction Schemes (Detection of Fraud and Enforcement) (England) Regulations 2013.

#### The Doctor or registered medical practitioner must fill in this section. Unfortunately, we cannot be responsible for any charge made to fill in this certificate. On completion, please forward the form along with any supporting documents to: Boston Borough Council, Municipal Buildings, West Street, Boston, Lincolnshire, PE21 8QR. No 2. Does the person named in Section 1 have a severe impairment of social functioning?..... Yes No No 4. From what date has the person named in Section 1 had these impairments?. A person is severely mentally impaired for the purposes of the Act if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. Doctor or registered Date: medical practitioner signature: Doctor or registered medical practitionerfull name: Surgery/Hospital address: Surgery Stamp:

# **Guidance Notes - Severe Mental Impairment**

Council Tax is based on the assumption of two adults (people aged 18 or over) living in a property. 50% relates to the property element and 50% relates to the personal element, however certain people can be disregarded when considering the number of adults in the property.

The effect of disregarding certain adults may reduce your Council Tax charge by 25%, 50% or 100%.

We can disregard a person for Council Tax if they are severely mentally impaired. A person is classed as severely mentally impaired if they have "a severe mental impairment of intelligence and social functioning (however caused) which appears to be permanent" and this has been confirmed by a registered medical practitioner such as a GP. In addition, the severely mentally impaired person should be in receipt of one of the qualifying benefits listed under Section 2 of this form, or entitled to one of the qualifying benefits before reaching pensionable age.

A further discount may be available if you have a carer living with you or someone else who may be 'disregarded' for Council Tax purposes. If you are unsure, please see our website or contact the Council Tax office on 01205 314200. If you are unsure if a change in circumstances affects your Council Tax, please contact us to discuss.

### **Privacy Information**

Section 5: Medical Certificate

Your Council Tax information will be processed by Public Sector Partnership Services (PSPS) on behalf of the data controller, Boston Borough Council. We require this information from you to allow us to fulfil our statutory duty for Council Tax collection, as defined in the Local Government Finance Act (1992), and our legal basis for processing your data is to fulfil this legal obligation. We may also share this information with departments within the council or other public bodies responsible for gathering statistical information, auditing or administering public funds, and with other suppliers we commission to support us with our duties. Please refer to our website www.boston.gov.uk for full details relating to the processing of your information. This will include an explanation of your rights as a data subject, who we share information with and why, contact details (including for Data Protection Officers), and an explanation of our plans to retain your information.







