

**APPLICATION FOR A COUNCIL TAX DISCOUNT
SEVERELY MENTALLY IMPAIRED**

Sections A to be completed by the Council Taxpayer;
Section B by relevant doctor



Our Ref:
Telephone: 01452 396396
Email: revenues@gloucester.gov.uk
Website: www.gloucester.gov.uk
Date:

Council Tax Status Discount Application – People that are Severely Mentally Impaired

Please fill in this form and return it to us within 14 days of the date shown above. If you have any questions about this letter, please e-mail us at revenues@gloucester.gov.uk or telephone us on **01452 396 396**. Based on the information you provide we will either update our records and send a new bill to you or contact you for more information.

Part A

1) **Severely Mentally Impaired Person's Details** - Please give the person's full name:

2) **Please tick the following benefits the severely mentally impaired person gets or qualifies for if they don't receive it:**

a) Incapacity benefit	<input type="checkbox"/>
b) Employment and Support Allowance	<input type="checkbox"/>
c) Constant Attendance Allowance	<input type="checkbox"/>
d) Severe Disablement Allowance	<input type="checkbox"/>
e) Attendance Allowance	<input type="checkbox"/>
f) Unemployability supplement as an increase to Disablement Pension	<input type="checkbox"/>
g) Increase in the rate of Disablement Pension as constant attendance is needed	<input type="checkbox"/>
h) Unemployability supplement payable with War Disablement Pension	<input type="checkbox"/>
i) Care component of Disability Living Allowance at the higher or middle rate	<input type="checkbox"/>
j) Disabled Persons Tax Credit where previously entitled to Incapacity Benefit or Severe Disablement Allowance	<input type="checkbox"/>
k) Income Support disability premium awarded on the grounds of incapacity for work	<input type="checkbox"/>
l) Jobseeker's Allowance if received by the partner of the severely mentally impaired person	<input type="checkbox"/>
m) Personal Independence Payment with a standard or enhanced daily living component	<input type="checkbox"/>
n) Armed Forces independence payment	<input type="checkbox"/>
o) Disability Working Allowance where based on getting Income Support including disability premium	<input type="checkbox"/>
p) Universal Credit including an element for limited capability for work or limited capability for work and work-related activity	<input type="checkbox"/>

Please provide documentary evidence of any of the above benefits that are being paid, e.g. Department for Works & Pensions entitlement letter.

Please state the date the benefit(s) started.....

Declaration:

I declare that the information given on this form is correct to the best of my knowledge. I will inform Gloucester City Council if there are any changes in the future to the information I have given on this form that may affect the amount of Council Tax that is to be paid.

Signature:

.....

Print full name:

.....

Or signature of person acting on applicant's behalf:

.....

Relationship to applicant:

.....

Address:

.....

Total number of people over the age of 18 living in the property:

Signature:

Print full name:

Email address:

Phone number:

Date:

(You do not have to tell us your telephone number or email address, but doing so will help us to contact you quickly in case we need any more information)

The doctor needs to fill in the certificate in part B below.

Please return the certificate and completed form to: Gloucester Revenues & Benefits, PO Box 2017, Pershore WR10 9BJ

Uploading this form and supporting evidence:

Why not save time and upload the completed form free of charge by registering for a 'My Gloucester' account by going to our website at www.gloucester.gov.uk/mygloucester

Please ensure that the documents you attach are complete and easy to read. If documents are incomplete or are difficult to read this may result in a delay in your application.

The information you have given on this form may be used for Council Tax Support purposes.

Data Protection Privacy Statement

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Gloucester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data on our website: <https://www.gloucester.gov.uk/about-the-council/data-protection-freedom-of-information/data-protection/>

Part B

Certificate to be completed by a Doctor

Patient's name:

.....

Patient's address:

.....

.....

.....

I certify that in my opinion the patient named above

is is not

suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992.

And has been suffering from this condition since (dd/mm/yy):

.....

Doctor's statement:

I confirm that the person named above is severely mentally impaired, ie has severe mental impairment of intelligence and social functioning, which appears to be permanent.

If, you are uncertain whether or not an applicant is severely mentally impaired, you should not sign the form. If you do not sign the form, you must still return it to the Council Tax section.

Signature:

Doctor's name:

Date:

Phone number:

Surgery/Practice Stamp:

Thank you for completing this certificate.

COUNCIL TAX REDUCTIONS FOR PEOPLE WITH SEVERE MENTAL IMPAIRMENT

Guidance for registered medical practitioners

Households that include people suffering from severe mental impairment, including those with Alzheimer's or Parkinson's disease, those who have suffered a stroke, those with severe learning difficulties and those who have suffered such impairment as a result of injury, may be entitled to a council tax discount or exemption.

To give rise to a reduction, there has to be

“a severe impairment of intelligence and social functioning (however caused) which appears to be permanent”.

and entitlement to at least one of a number of qualifying benefits.

The definition is not the same as the definition of “severe mental impairment” in the Mental Health Act 1983, and being classified as severely mentally impaired for the council tax purposes does not affect the right to vote or to be included in the electoral register, which is compiled separately.

The applicant (or person acting on his/her behalf) will pass a certificate to a general practitioner or other registered medical practitioner with knowledge of the applicant for completion.

A decision about the presence of severe mental impairment will, in all cases, depend on the doctor's clinical judgment as to whether the applicant meets these criteria.

If a doctor is uncertain whether an applicant's intelligence and social functioning are such as to constitute severe mental impairment he may wish to seek information and advice from the appropriate medical colleagues or from colleagues in other professions, or from carers who may be able to help with information based on their knowledge of the applicant.

If, after such consultation, a doctor is still uncertain as to whether the applicant is severely mentally impaired he or she should not sign the certificate.

The certificate will need to be returned to the applicant so it can be sent back with the application form.