

Council Tax Exemption/Discount: Severe Mental Impairment

A person who is medically certified as being Severely Mentally Impaired (SMI) may be eligible for a Council Tax exemption or reduction. Severe mental impairment means a permanent condition that severely affects the persons intellectual and social functioning.

Conditions that can lead to severe mental impairment include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. To be eligible, the person must be diagnosed as suffering from a severe mental impairment by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).

Level of reduction:

- If the applicant is diagnosed as severely mentally impaired by a doctor and lives alone or only with others who are SMI and liable to pay Council Tax, the applicant will be exempt from paying Council Tax.
- If the applicant is diagnosed as severely mentally impaired by a doctor and lives with one other adult, the household will receive a 25% reduction.
- If the applicant is diagnosed as severely mentally impaired by a doctor and lives with 2 or more other adults, (unless otherwise disregarded), there will be no reduction.

Application form for a reduction

PART A: Personal information

Full name of person who is the subject of this application (The Applicant):

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

<input type="text"/>	
Postcode:	Telephone Number:

Total number of adults (persons aged 18 or over) living at this address:

PART B: Declaration of benefit entitlement

A household may be exempt or eligible for a discount if the applicant is entitled to one of the following benefits.

Please tick the relevant box(es):

Attendance Allowance

Severe Disablement Allowance

Disability Living Allowance High or Middle rate care component

Incapacity Benefit

Personal Independence Payment Standard or Enhanced living component

Disabled Persons Tax Credit

Constant Attendance Allowance

Unemployability Supplement

Income Support which includes a Disability Premium

Unemployability Allowance

Employment and Support Allowance

Armed Forces Independence Payment

Universal Credit which includes an element related to limited capability for work and work related activity

If the applicant receives any of the benefits listed above, please provide evidence of the date the benefit was first received, such as a copy of the award letter.

Please ask the applicant's GP to complete the certificate over the page (Part C).

There should not be a charge for the completion of this form-
The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4)

PART C: Doctor's Certificate

(To be completed by the Doctor/Medical Practitioner)

Applicant's Name:

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Name of Doctor or Medical Practitioner:

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In my opinion, the applicant named above,

Is	
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Is not	
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suffering from a severe mental impairment. For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent

**Date certified as suffering
from a severe mental impairment:**

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Surgery stamp:

Surgery address:

	E-mail:
	Telephone Number:

Doctor's signature:

Date:

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PART D: Applicant's declaration

I accept responsibility for the information given in this form and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this application.

Name of person acting on behalf of the applicant:

Relationship to the applicant:

Address of person acting on behalf of the applicant:

Postcode: E-mail: Telephone Number:		
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Should we use this address for all future correspondence:

YES	NO
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Signature of person acting on behalf of the applicant:

Date:

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Please return the completed form by e-mail to counciltax@nfdc.gov.uk or by post to Revenues & Benefits Service, Appletree Court, Beaulieu Road, Lyndhurst, SO43 7PA together with-

- **evidence the applicant is in receipt of a qualifying benefit shown at Part B**
- **the completed Doctors Certificate shown at Part C**

The information provided on this application will be retained on our records and used for the purposes set out in our Privacy Notice. This notice can be viewed online at newforest.gov.uk/counciltax