



Council Tax

Discount application – Mental Impairment

Council Tax Discount Application

Name and address:

Property Number

Account Number Date of Issue

Application for discount on the grounds of severe mental impairment

A person is disregarded for the purposes of Council Tax if he or she has a severe impairment of intelligence and social functioning (however caused), which appears to be permanent and is stated as such in a certificate from a registered medical practitioner and are entitled to one of the following qualifying benefits:

- Attendance Allowance
- Severe Disablement Allowance
- Unemployability supplement
- Constant Attendance Allowance
- Unemployability Allowance
- Incapacity Benefit
- Employment Support Allowance
- The higher or middle rate care component of Disability Living Allowance
- Armed Forces Independence Payment
- Any rate of the Daily Living component of Personal Independence Payment
- An increase for constant attendance in the rate of Disablement Pension
- A Disability Working Allowance or a corresponding Northern Ireland benefit
- Income Support where the applicable amount includes a disability premium

If you wish to apply for the discount / exemption you need to complete section 1 and ask their doctor or a qualified medical practitioner to complete section 2.

Section 1

Full name of the person severely mentally impaired

Address

The person named above is entitled to (enter the name of the qualifying benefit)

From, enter date it was first awarded DD MM YYYY

How many adults over the age of 18 reside at the above property, including the person named who is severely mentally impaired

Discount application – Mental Impairment - continued

Council Tax Discount Application

Signed

Print name

Telephone Number

Please provide evidence of the benefit that the person who is severely mentally impaired is entitled to. A full entitlement letter is sufficient evidence.

Section 2

Doctors Certificate To be completed by a medical practitioner

Please tick the appropriate box

I certify that in my opinion the person named in Section 1 of this form

is and has been since

DD

MM

YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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is not

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

Signature

Doctor Status
e.g. GP, Consultant etc

Date signed

DD

MM

YYYY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address of surgery or
hospital

Doctor's surgery/Hospital stamp

Please return application to:

Dacorum Borough Council
The Forum,
Marlowes, Hemel Hempstead,
HP1 1DN

Telephone: 01442 228000

indexing code: Disregd