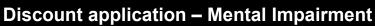
Council Tax





	COUNCIL
Name and address:	Property Number
	Account Number Date of Issue
Application for discount on the gro	unds of severe mental impairment
A person is disregarded for the purposes impairment of intelligence and social function be permanent and is stated as such in a practitioner and are entitled to one of the	ctioning (however caused), which appears to certificate from a registered medical
Severe Disablement Allowance • Unemployability supplement Constant Attendance Allowance • Unemployability Allowance • Incapacity Benefit Employment Support 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 dical practitioner to complete section 2.
•	alcai 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

	Signed					
	Print name					
ion	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.					
cal	Section 2 Doctors Certificate To I	pe completed b	y a medical	practitioner		
pplie	Please tick the appropriate box I certify that in my opinion the person named in Section 1 of this form DD MM YYYY					
₹	is and has	been since				
ount	is not suffering from severe me Finance Act 1992	for the purpo	e purpose of the Local government			
ax Discount Application	Signature					
1	Doctor Status e.g. GP, Consultant etc			2000/		
<u>ည</u>	Date signed		DD MM	YYYY		
Council T	Address of surgery or hospital					
	Doctor's surgery/Hosp	ital stamp		Ple	ease return application to:	
		,			Dacorum Borough Council The Forum, Dwes, Hemel Hempstead, HP1 1DN	
				Tele	phone: 01442 228000	

indexing code: Disregd