

**COUNCIL TAX
DISREGARD FORM – SEVERE MENTAL IMPAIRMENT**

Charnwood B. C. - Charnwood B.C Council Tax, Southfield Road,
Loughborough, Leicestershire, LE11 2TX
TEL : 01509 634666



E-MAIL : council.tax@charnwood.gov.uk

SBC ***DISCOUNT***

Account No:	Property Reference:	Date:
		08/06/2010

You have advised that some or all of the residents of the address below are severely mentally impaired. In this case they may be disregarded for Council Tax Discount purposes and you, the liable person, may be entitled to discount or exemption from your Council Tax bill. If the details are verified and discount or exemption is awarded, a revised bill will be issued. In the meantime, bills previously issued must be regarded as correct and due for payment as requested. **Please read the declaration below then complete and sign the form, if appropriate. The completed form should be returned to Charnwood Borough Council, Charnwood B.C Council Tax, Southfield Road, Loughborough, Leicestershire, LE11 2TX together with the attached form which must be completed by a registered medical practitioner, usually the named person's own doctor**

Property Address: , , , , .

How many people aged 18 or over (including yourself) live at the above address?

Name of person to be disregarded:		Date of Birth:	
Type of pension/allowance received (see qualifying list overleaf). Please attach proof of entitlement.			
Date on which entitlement to above pension or allowance began:		National Insurance Number:	

If you require future correspondence to be sent to another person / address please give details below:

Name:
Address:

DECLARATION:

I declare that the information given above is correct to the best of my knowledge. I verify that I am the person responsible for the above property and hereby claim any Council Tax discount or exemption available as a result of this application. I undertake to advise the Revenues Manager within 21 days of any change in circumstances affecting my entitlement.

Full Name:		Date:	
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Data Protection: For information about how & why we may process your personal data, your data protection rights or how to contact our data protection officer, please view our Privacy Notice www.charnwood.gov.uk/privacynotice

Telephone: 01509 263151

Contact us: www.charnwood.gov.uk/contact

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Signed:		Telephone No. – Day:	
		Eve:	



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To be disregarded for Council Tax Discount purposes on the grounds of severe mental impairment, the disregarded person must be entitled to one of the following:

- 1. Employment Support Allowance (ESA)**
- 2. Attendance Allowance**
- 3. Severe Disablement Allowance**
- 4. Care Component of a Disability Living Allowance at the higher or middle rate alternatively Personal Independence Payments**
- 5. Increase in the rate of Disablement Pension**
- 6. Disability Working Allowance**
- 7. Unemployability Supplement**
- 8. Constant Attendance Allowance**
- 9. Unemployability Allowance**
- 10. Income Support which includes Disability Premium**
- 11. Universal credit including an element for limited capability for work or limited capability for work and work-related activity**

OR

If the person has reached pensionable age, he/she would have been entitled to one of the above had he/she not reached pensionable age.



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Account No.:	Property Reference	Date	
		17/05/2016	

PLEASE PROVIDE THE SURGERY STAMP ABOVE

This form must only be completed by a registered medical practitioner, usually the named person’s own doctor, who is fully aware of their medical condition.

An application has been made to Charnwood Borough Council for the person named below to be disregarded for Council Tax discount purposes on the grounds that they is suffering from severe mental impairment. **Please read the notes overleaf and declaration below, then complete and sign the form if applicable.**

Property Address

, , , ,

Name of Person to be Disregarded

	Date of Birth	
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Does the person named above meet the requirements set out in the Local Government Finance Act 1992 (see overleaf) to be disregarded for Council Tax Discount purposes on the grounds of severe mental impairment? (delete as appropriate)

YES/NO

If YES, effective date of grounds for disregarded status being met :

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Any other Comments

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DECLARATION:

I declare that the information given above is correct to the best of my knowledge, and has been completed in accordance with the definitions given in the Local Government Finance Act 1992.

Full Name:		Date :	
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Signed:		Telephone No. –	
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SEVERE MENTAL IMPAIRMENT – NOTES

Regulations covering the above are contained in the Local Government Finance Act 1992 Schedule 1, paragraph 2 which is copied below:

1. **A person shall be disregarded for the purposes of discount** on a particular day if-
 - a. on the day **he is severely mentally impaired;**
 - b. as regards any period which includes the day **he is stated in a certificate of a registered medical practitioner to have been or to be likely to be severely mentally impaired; and**
 - c. as regards the day **he fulfils such conditions as may be prescribed** by order made by the Secretary of State.
2. For the purposes of this paragraph **a person is severely mentally impaired if he has a severe impairment of intelligence and social functioning** (however caused) **which appears to be permanent.**
3. The Secretary of State may by order substitute another definition in sub-paragraph (2) above as for the time being effective for the purposes of this paragraph.
4. For guidance, in respect of charges relating to the issuing of this confirmation certificate, on behalf of the applicant, please refer to the schedule 4 of the NHS General Medical Services Regulations 2004.

With regard to these regulations, please complete the form overleaf stating whether you, as a registered medical practitioner, consider the person named to be suffering from severe mental impairment as defined above.

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