



Council Tax Discount application - severely mentally impaired

Name:		Account No. (this is shown on your Council Tax bill)	
Address:			

1. NUMBER OF RESIDENTS - Please tell us the names of all other residents over the age of 16 who live in the property.

Full name	Date of birth	Are they severely mentally impaired? Yes/No

2. BENEFIT IN PAYMENT - Please tell us the qualifying benefits(s) in payment and the date awarded from. YOU MUST SUPPLY THE LETTER OF ENTITLEMENT FOR THE QUALIFYING BENEFIT SHOWING THE ENTITLEMENT START DATE. WITHOUT THIS LETTER SOUTH KESTEVEN DISTRICT COUNCIL ARE UNABLE TO PROCESS YOUR APPLICATION FOR DISCOUNT.

Qualifying Benefit(s)	Date Paid From	Letter of Entitlement Supplied (please tick when letter attached)

I can confirm that the information I have provided is correct. I understand that any discount will only be awarded on the basis of my current circumstances. I will inform South Kesteven District Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid discount.

Full Name

Address (if different from overleaf)

IF YOU ARE NOT THE COUNCIL TAXPAYER FOR THE ADDRESS THE DISCOUNT IS BEING APPLIED FOR PLEASE COMPLETE THE FOLLOWING:

Your Name and Address:

Relationship to the Severely Mentally Impaired Person:

In accordance with Data Protection Law, South Kesteven District Council may use any information you give us to prevent or detect fraud or other crimes. South Kesteven District Council may also share information with other Council Services or public organisations if required by Law to do so.

Signed: Date:

Daytime Telephone Number: E-mail:

Certificate to be completed by a doctor

Mr/Mrs/Miss/Ms _____ is my patient and I confirm that he/she is severely mentally impaired inasmuch as he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion, this case been the case from (date) _____ / _____ / _____

Name of Doctor

Address of Dotor

Signature

Date

Your doctor must not charge you for this certificate under the Local Governement Finance Act 1992 and Schedule 9 of the NHS (General Medical Services) Regulations 1992.

Application for Council Tax Discount for the severely mentally impaired

Please read these notes before completing the form

Someone who is Severely Mentally Impaired (SMI) will not be counted when working out the Council Tax bill.

A discount will apply where all but one of the adults living in a property are classed as SMI. There will be no discount if 2 or more adults who are not SMI live in a property (unless they fall into another discount class). An adult is someone who is aged 18 or over. For example:

- 2 adults live in a property. 1 adult classed as SMI = 25% discount
- 3 adults live in a property. 1 adult classed as SMI = 0% discount

To be classed as SMI for Council Tax a person must be:

1. Entitled to at least one of the qualifying benefits listed below:

- | | |
|--|---|
| * Incapacity Benefit | * Employment Support Allowance |
| * Attendance Allowance | * Severe Disablement Allowance |
| * Armed Forces Independence Payment | * Increase in rate of Disablement Pension |
| * Disability Element of Working Tax Credit | * Unemployability Supplement |
| * Constant Attendance Allowance | * Unemployability Allowance |
| * Income Support with Disability Premium | |
| * High or Middle Rate Care Component of Disability Living Allowance | |
| * Enhanced or Standard Rate Daily Living Component of Personal Independence Payment | |
| * Partner receiving Jobseekers Allowance which includes a Disability Premium for the SMI person | |
| * Have reached pensionable age and would be entitled to one of these qualifying benefits if they were below pensionable age | |
| * Universal Credit (including an element for limited capability for work or limited capability for work and work related activity) | |

And

2. Confirmed by a doctor (or another registered medical practitioner) as SMI