



## Severely mentally impaired discount or exemption

Please fill in this form to apply for this **discount or exemption** and send it to:

Local Taxation Service  
PO Box 303  
Witney  
OX28 1WP

Date:

Council tax bill number:

Persons, over 18, that are severely mentally impaired may be disregarded for Council Tax purposes when calculating the sum payable. The person concerned needs to be in receipt of, or entitled to, certain benefits or allowances and his or her doctor should sign the certificate below to confirm the patient's condition. The definition of the disability (in accordance with the Local Government Finance Act 1992, Sch. 1, Para. 2(2)) is as follows:-

*“A person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.”*

### Details of person in your household that is suffering from such a condition

Full Name

Address and postcode

Contact phone number of person dealing with the application:

Email address of person dealing with the application:

Please tick which benefits you would be entitled to or do receive, send in proof where relevant:

- Incapacity benefit
- Employment & support allowance
- Attendance allowance or constant attendance allowance
- Sever disablement allowance
- Care component of disability living allowance at the middle or high rate
- Daily living component of Person independence payments
- Income support where the applicable amount includes a disability premium
- Increase in the rate of disablement pension
- An un-employability supplement under part 1 of Schedule 7 of the Social Security Contributions and Benefits Act 1992
- Certain un-employability allowances

**Doctor's certificate - The person's doctor must complete the following certificate**

Name and address of Doctor:

Date on which your patient's condition deteriorated sufficiently to warrant the term, severely mentally impaired

**Doctor declaration:** I confirm that:

- my patient is severely mentally impaired in accordance with the definition shown on page 1 of this form.
- with authority that my patient is, or would have been, entitled to one of the qualifying benefits, if an application is made.

Doctor's signature..... Date.....

**All occupiers of the property aged 18 or over, including person named overleaf**

Full Name	Relation to person overleaf	Date moved in or became 18 if later

**All resident of the property currently aged 16/17**

Full Name	Relation to person overleaf

**Declaration**

I accept responsibility for making this application and declare that the information contained herein is true and accurate to the best of my knowledge and belief.

Your signature..... Date.....

The Council are the Data Controllers for the purposes of the Data Protection Legislation

We will only use your personal information in accordance with the Legislation and for the purposes of the Revenues & Benefits .We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.