

# Council Tax Reduction application for people who are severely mentally impaired



## About you

First name:

Last name:

Daytime phone number:

Council Tax account number (if known):

Address:

Postcode:

Email address:

Property address (if different from yours):

Postcode:

Full name of the severely mentally impaired person:

Their date of birth:

The type of benefit or allowance this person receives:  
(Please send evidence of this benefit or allowance with this form)

The date he or she was first entitled to this benefit:

Name and address of the doctor who looks after the severely mentally impaired person:

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.....

**Please ask the doctor to fill in the attached certificate.**

Full names of everyone over 18 living in the property:

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.....  
.....  
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.....

**Declaration**

I confirm the details given are correct and that I will notify you of any relevant changes that could result in an amendment to this discount or exemption within 21 days of the change.

Signature:

.....

Date:

/ /

**To avoid any delays in your reduction being awarded, please return this form to your local authority with the doctor's certificate and proof of your qualifying benefit.**

Council Tax section  
Canterbury City Council  
PO Box 2033  
Persnore  
WR10 9ED  
[www.canterbury.gov.uk](http://www.canterbury.gov.uk)

Council Tax section  
Dover District Council  
PO Box 2031  
Persnore  
WR10 9ED  
[www.dover.gov.uk](http://www.dover.gov.uk)

Council Tax section  
Thanet District Council  
PO Box 2032  
Persnore  
WR10 9ED  
[www.thanet.gov.uk](http://www.thanet.gov.uk)

# Council Tax Reduction application for people who are severely mentally impaired



## Certificate - to be filled in by a registered medical practitioner

Full name of the person on behalf of whom application is made:

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In your opinion, is the patient named above suffering from a severe mental impairment that affects his or her social function, as described in the Local Government Finance Act of 1992?

Yes

No

This situation has applied since:

Doctor's full name:

Surgery address:

Postcode:

Doctor's signature:

Date:

**Note for the doctor – please return this certificate to the applicant for inclusion with application form. Please keep a second copy for your records.**

# Council Tax

## Reductions for people who are severely mentally impaired

### When is an exemption possible?

We may apply an exemption (class U) if everyone living in a property is severely mentally impaired and is responsible for paying Council Tax. An exemption means that no-one has to pay Council Tax for that property.

This exemption also applies to cases where people who are qualifying students also live in the property.

### When is a discount possible?

Council Tax is normally charged on the assumption that two or more people aged 18 or over live in a property.

If there is only one adult living there, they can apply for a single person's discount of 25%.

However, if anyone aged 18 or over is severely mentally impaired, and without them there is only one adult living in a property, you may apply for the same 25% discount.

### What does severely mentally impaired mean?

Someone who has a severe mental disability or mental illness (however it is caused), which appears to be permanent, is said to be severely mentally impaired. They should also be entitled to one of the benefits listed below.

- Attendance Allowance
- Constant Attendance Allowance
- the high or mid rate care component of Disability Living Allowance (DLA)
- an increase in the rate of Disablement Pension
- Incapacity Benefit
- Employment and Support Allowance
- Income Support (which includes a disability premium)
- the daily living component of Personal Independence Payment (PIP)
- Severe Disablement Allowance
- Unemployability Allowance
- Unemployability Supplement
- Universal Credit (that includes an element for limited capability for work or limited capability for work and work related activity)

**We need to see some evidence that this person receives one of these benefits. Please send this with the application form.**

### What happens after you send us the form?

We will process the application and we will let you know the result. If your application is successful, the reduction will start from the date you made the application.

We will use the information the doctor gives us **only** to process your application for a discount.

The information given here is for guidance only and is not a full definition of the law.

