Council Tax Discount Application

SEVERELY MENTALLY IMPAIRED

The full Council Tax bill assumes that there are two adults living in the property. If only one adult lives in a property, the Council Tax bill will be reduced by 25% but there are certain circumstances when you may apply for a discount in your Council Tax bill, even if you are not the only resident. In order to qualify for a disregard discount of 25%, all but one of the adults living in the property must be disregarded.

A person can be disregarded if they are diagnosed as being severely mentally impaired and in receipt of one of the benefits listed on the next page.

Please complete a separate application form for each person in the household who should be disregarded for Council Tax purposes because they are severely mentally impaired.

If you need help or advice, please contact the Council Tax team on 01372 732000 or email counciltax@epsom-ewell.gov.uk

Council Tax Reference Number:	
Name of applicant:	
Address:	
Telephone number:	
Email address:	

Total number of adults living in the property:	
Please provide the names and dates of birth of any children living with you:	

Declaration of Benefit Entitlement

Which of the following benefits is the applicant entitled to? Tick all that apply and attach evidence of their entitlement to this application form:

Personal independence payment (PIP) with the standard or enhanced rate of the daily living component	☐
Incapacity Benefit short term or long-term rate	☐
Employment and Support Allowance	☐
Attendance Allowance or Constant Attendance Allowance	☐
Severe Disablement Allowance	☐
Disability Living Allowance high or middle rate (care component)	☐
Working Tax Credit (disability element)	☐
Universal Credit if you have limited capability for work and work-related activity	☐
An unemployability supplement or allowance	☐
Unemployability allowance payable under the industrial injuries or war pension schemes	☐
Income support including a disability premium because of incapacity for work	☐
Armed Forces independence payment	☐
An increased rate of a disablement pension	☐

Confirmation of diagnosis

To be completed by a registered medical practitioner

For the purposes of the Local Government Finance Act 1992, 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.

In my opinion, the person named is severely mentally impaired and has been so from:

Date of diagnosis (from when they are considered severely mentally impaired): .....

Doctor's Surgery/Hospital Address: .....

.....

.....

Doctor's name (in BLOCK CAPITALS): .....

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

Practice Stamp:

ADVICE FOR MEDICAL PRACTITIONERS

The Department of Health letter PL/CO (93) 1 issued to all general medical practitioners in March 1993 states:

"Doctors should note that the decisions to whether a person is severely mentally impaired is not consequent on any specific diagnosis. A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent. A decision about the presence of severe mental impairment will, in all cases, depend on doctor's clinical judgement as to whether the applicant meets these criteria"

"If a doctor is uncertain whether an applicant's intelligence and social functioning are such as to constitute severe mental impairment, he may wish to seek information and advice from appropriate medical colleagues or from colleagues in other professions, or from carers, who may be able to help with information based on their knowledge of the applicant. If, after consultation, a doctor is still uncertain whether or not an applicant is severely mentally impaired, he or she should not sign the certificate."

Declaration by person acting on behalf of the applicant

Please sign below to confirm that the information given on this form is correct and that you understand that you must notify us immediately if you believe that they are no longer eligible for this discount. Failure to do so may result in a large, backdated bill if it later transpires that they are no longer entitled to the discount as part of our annual review process. **Signature: .....** **Date: .....**	
Name of person acting on applicant's behalf:	
Relationship to applicant:	
Contact telephone number:	
Contact email address:	
Tick to confirm that evidence of benefits entitlement has been attached to this form ☐	

This form can only be processed if all parts have been completed, including the Confirmation of Diagnosis by a medical practitioner

Once complete, the form should be returned to the Council's offices at Town Hall, The Parade, Epsom, Surrey, KT18 5BY or sent via email to counciltax@epsom-ewell.gov.uk

DATA PROTECTION

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 2018.

This Authority is under a duty to protect the public funds that it administers and, to this end, may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds, solely for these purposes.

IMPORTANT

You do not have to complete this form unless you wish to claim a discount but if you provide false information, you may be subject to a penalty of £70 and prosecution under the Theft Act 1968.