

COUNCIL TAX SEVERE MENTAL IMPAIRMENT DISCOUNT



COUNCIL TAX (RESOURCES)
Town Hall, Ripley, Derbyshire, DE5 3BT
Tel: 01773 841440
Fax: 01773 841462
SMS: Text COUNCIL and your message to 60060
E-mail: council.tax@ambervalley.gov.uk
Web: www.ambervalley.gov.uk

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 permanent.

Ref no: _____ Date issued: _____

1. Name of applicant (person to whom the bill is sent): _____

2. Address: _____

3. Number of people living in this property (Aged 18 or over): _____

Please enter below the names of persons in the household who may qualify for this discount.

4. Please write in ink and use BLOCK CAPITALS

Surname	Forenames	Title (Mr, Mrs, Miss, Ms)	Date of birth

Please complete sections A and B overleaf, and return the form to the Council Tax Section as soon as possible, along with appropriate evidence, (such as letter of entitlement) of entitlement to benefit (See A overleaf). He will then in appropriate cases, seek confirmation on the applicant's behalf of the medical condition in accordance with the authorisation at B. The form should NOT be sent to the doctor.

Declaration

I declare that the information on this form is correct. I understand I must notify you immediately if there are any changes to the property or household which may affect any reduction I am granted.

Name: _____

Signed (applicant): _____ Date: _____

Daytime tel no.: _____ E-mail address: _____

(Not compulsory but useful if we need to contact you)

You must notify the Council Tax Section immediately if you have any changes in circumstances. This form should be returned to the address shown above.



A Declaration on Benefit Conditions

I declare that (please tick the appropriate boxes):

- the applicant is entitled to income support that includes a disability premium
- the applicant is entitled to a severe disablement allowance
- the applicant is entitled to an unemployability supplement payable as an increase to disablement benefit
- the applicant is entitled to an unemployability allowance payable with war disablement pension
- the applicant is entitled to attendance allowance at the higher or lower rate
- the applicant is entitled to constant attendance allowance at one of the four rates payable with disablement benefit or war disablement pension
- the applicant is entitled to the care component of a disability living allowance (DLA)
- the applicant is entitled to the personal independence payment daily living component
- the applicant is entitled to a disability working allowance (DWA)

Please state the date the entitlement started: _____

Please provide your letter of entitlement showing the date the allowance started on.

B Authorisation to Amber Valley Borough Council

I authorise you to seek on the applicant's behalf a certificate from the following registered medical practitioner *

I agree that the certificate should be returned direct to you with a copy for transmission to me.

Doctor's name: _____

Doctor's surgery/hospital address: _____

Signature of person acting on applicant's behalf: _____

Full name: _____

Relationship to applicant: _____

Address: _____

Please tick the box if you want all future correspondence to go to your address:

Date: _____

* This will normally be the applicant's general practitioner. Any certificate issued by the general practitioner will be for use ONLY in applying for exemption from the Council Tax.

PLEASE DO NOT SEND THIS FORM TO YOUR DOCTOR

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

