

Council Tax
reference:

Application for a discount
disregard from council tax for the
severely mentally impaired

WARRINGTON
Borough Council 

1. AUTHORISATION AND DECLARATION TO BE COMPLETED BY LIABLE PERSON

I declare that the person named below suffering impairment is receiving qualifying benefit as indicated overleaf (or would have been so entitled if they had been below pensionable age)

2. NAME OF PERSON SUFFERING IMPAIRMENT

Surname:

Forenames (in full):

Title:

Date of birth:* / /

* If the person is not of pension age they must be in receipt of one of the qualifying benefits (see overleaf for further details).

3. ADDRESS OF PERSON SUFFERING IMPAIRMENT

Address:

Postcode:

How many people live at this address

4. ABOUT YOU

Surname:

Forename:

Title

Address:

Postcode:

Relationship to applicant:

5. DOCTORS DETAILS *

Surname:

Forename:(in full)

Doctor's surgery/hospital address:

Postcode:

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

6. DOCTOR'S DECLARATION: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

Please tick appropriate box

I certify that in my opinion the disabled person named above:-

is suffering from severe mental impairment.

Date of diagnosis / /

is not suffering from severe mental impairment.

Doctor's signature: Dated:

Doctor's full name: Doctor's status e.g. GP/Consultant:

Please return the principal copy of this form and one of the copies to the Revenues & Benefits service who will forward one copy to the applicant or his representative. The certificate is for use only in applying for discount from Council Tax.

Guidance notes:

The full council tax bill assumes that there are 2 adults residing in a dwelling. However for Council tax purposes certain people will not be counted when looking at the number of adults.

The effect of disregarding certain adults may be to reduce the Council Tax bill by 25% or 50%.

For Council tax purposes, someone who is considered to be severely mentally impaired has a severe impairment to intelligence and social functioning (however caused). It must be a permanent impairment. This may be due to a degenerative brain disorder such as Alzheimer's disease, a stroke or other forms of dementia.

To be considered as severely mentally impaired, the person concerned must have a certificate of confirmation from a registered medical practitioner. Doctors issue these certificates free of charge.

In addition, to qualify for the discount, the person must be entitled to (or have an underlying entitlement to) one

of the following benefits.

Please note:

To qualify for a discount we MUST have proof of the applicant's qualifying benefit Please tick which proof of benefit you are supplying.

Long term incapacity benefit.

Employment and support allowance.

Attendance allowance.

Severe disablement allowance.

The highest or middle rate care component of disability living allowance.

An increase in disablement allowance for constant attendance.

The disability element in working tax credit.

Unemployability supplement (this was abolished in 1987 but existing claimants remain entitled).

Constant attendance allowance payable under the industrial injuries or war pension schemes.

Income support including a disability premium because of incapacity for work;

A person who would have qualified for one of the above benefits (but is excluded by age) still qualifies for the discount.

A person also qualifies if s/he is the partner of a person in receipt of income based Jobseekers allowance which includes a disability premium or higher pensioner premium because either.

S/he gets the long term rate of Incapacity Benefit: or

S/he was either in receipt of long term Incapacity benefit up to pension age and is still alive or is entitled to attendance allowance/disability living allowance but has been in hospital more than 28 days.

7. Declaration:

I authorise you to approach the impaired person's doctor to request the certificate set out overleaf. I agree that the certificate should be returned direct to the Benefits and Exchequer service, with a copy for transmission to me.

I declare that the details stated in this application are true and accurate to the best of my knowledge and belief.

Signed (capitals):

Relationship to applicant:

REVENUES & BENEFITS TELEPHONE NUMBER: 01925 443210

RETURN FORM TO : Benefits & Exchequer Services, New Town House, Buttermarket Street, Warrington WA1 2NH.

If you have any difficulties in completing this form, or require any additional information: Please contact this office on 01925 443210 where an advisor will be pleased to help.

Our phone lines are open Monday to Friday 8am-6pm