

**Please Ask For:** Customer Services  
**Tel:** 01626 215000  
**Email:** revandbens@teignbridge.gov.uk



Council Tax Reference:	<input type="text"/>
Address of property:	<input type="text"/>

### **Council Tax – Severe Mental Impairment – Application for Disregard or Exemption**

A person is disregarded for discount purposes if he or she is severely mentally impaired and is stated to be such in a certificate from a registered medical practitioner, provided that there is entitlement to a state benefit from the qualifying list detailed below.

The term severely mentally impaired for Council Tax purposes applies to a person if he / she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

The qualifying benefits for the severe mental impairment disregard are: -

- a) Incapacity benefit under s.30A of the Social Security Contributions and Benefits Act 1992
- b) Attendance Allowance (under s.64 SSCB Act)
- c) Severe disablement allowance (under s.68 SSCB Act)
- d) The care component of a disability living allowance payable either at the highest rate or at the middle rate (under sections 71 and 72 SSCB Act)
- e) An increase in the rate of disablement pension (under s.104 SSCB Act)
- f) A disability working allowance under s.129 SSCB Act for which the qualifying benefit is:-
  - a. One falling within s.129(2)(a)(i) or (ii), or
  - b. Income support and the applicable amount formerly payable included a disability premium  
Or is a corresponding Northern Ireland benefit
- g) An unemployability supplement under Part 1 of Sch 7, SSCB Act
- h) A constant attendance allowance under article 14 of the Personal Injuries (Civilians) Scheme 1983 or article 14, Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983
- i) An unemployability allowance under article 18 of either of the provisions referred to at (h)
- j) Income support where the applicable amount includes a disability premium
- k) Incapacity benefit under SS.40 and 41 of the SSCB Act 1992
- l) Any rate of the daily living activity component of Personal Independence Payment

**Please supply the following information together with proof of the qualifying benefit and have the attached certificate completed by a registered medical practitioner and then return everything to the address shown overleaf.**

Please list in the box below all the people who live in the property. If you do not have sufficient space then please continue on a separate sheet of paper

Title	First names	Surname	Date of birth – if under 18	Severe Mental Impairment Y/N

The date from which the impairment applies \_\_\_\_\_

Please state to which qualifying benefit the severely mentally impaired person is entitled and **supply proof when returning application** \_\_\_\_\_

The date entitlement to the qualifying benefit commenced \_\_\_\_\_

Please be advised that 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 fraud. I may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see our website [www.teignbridge.gov.uk/dataprotection](http://www.teignbridge.gov.uk/dataprotection) or contact customer services on 01626 215000.

<p><b>Declaration</b></p> <p>I understand that if I give false information or fail to tell the Council of any change which affects my discount entitlement I could be liable to a penalty and/or prosecution under the Theft Act 1968. The Council will make enquiries, if deemed necessary, to check the information given and if the discount has been claimed in error it will be cancelled with effect from the appropriate date.</p> <p>Signed: _____ Date: _____</p> <p>Phone: _____ Email: _____</p>	
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<p>The information you have given on this form will be put onto a computer system registered under the 1998 Data Protection Act.</p>
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If you require help or assistance, please contact customer services on 01626 215000, or write to me at the address below. Please quote your reference number where possible.

Yours sincerely  
Council Tax Team

# Council Tax - Severe Mental Impairment Certificate

To: A Registered Medical Practitioner

The General Medical Services Committee of the BMA has agreed that medical certificates should be issued **without charge** as per schedule 9 of the NHS (General Medical Services) Regulations 1992.

This certificate is for use in deciding whether the person named is severely mentally impaired for council tax purposes.

Full name of person(s) with impairment \_\_\_\_\_  
(a separate certificate is required for each person)

Full address including postcode \_\_\_\_\_  
of person with impairment \_\_\_\_\_  
\_\_\_\_\_

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.

## Declaration

In my opinion, the person named above is severely mentally impaired as he / she has a severe impairment of intelligence **and** social functioning which appears to be permanent.

Date from which impairment commenced \_\_\_\_\_

Doctors full name (block capitals ) \_\_\_\_\_

Doctors status (GP, etc) \_\_\_\_\_

Surgery / Hospital address \_\_\_\_\_  
and telephone number \_\_\_\_\_  
\_\_\_\_\_

Doctors signature \_\_\_\_\_ Date \_\_\_\_\_

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