



Council Tax

Property No

Name
Address
Postcode

Reference Number
Issue Date
Return By Date

Discount/Exemption Enquiry Form (SMI)

Information

When a property is occupied by a Severely Mentally Impaired Person(s) a reduction of 25% discount or 100% exemption may be awarded.

- Part 1 should be filled in by you or the person assisting you.
Part 2 Evidence of State Benefits received (if you do not receive any of the benefits detailed overleaf you will not qualify for discount/exemption and you should not continue to complete this form).
Part 3 (over the page) should be filled in by your Doctor.
Declaration (over the page) should be filled in by you or the person assisting you (this should only be completed and returned with the appropriate evidence when the Doctor has completed Part 3).

Please read the following notes and then fill in the form in BLOCK CAPITALS (using black ink). If you have difficulty with any part of the form or if you require further details, we would like to help you. Please see contact details overleaf.

Please read (a), (b) and (c) then tick the relevant category for which you are applying.

- (a) A severely mentally impaired adult lives alone in the household A reduction of 100% can be given
(b) All adults in the household are severely mentally impaired A reduction of 100% can be given
(c) All but one of the adults who live in the household are severely mentally impaired A reduction of 25% can be given

Part 1 Severely Mentally Impaired Person's Details

The applicant's name is Date of birth
Property Address
Evidence of my/their state benefit(s) is/are enclosed. I authorise the doctor to give the information requested.
Name and address of person acting on the applicant's behalf
Telephone No.
What is your relationship to the applicant?

Part 2 Evidence of any of these state benefits should be enclosed with this form

- | | |
|--|---|
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Unemployability Allowance or Supplement |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Higher or Middle Rate of Care Component of the Disability Living Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Income Support including a Disability Premium |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Disablement pension increase for constant attendance |
| <input type="checkbox"/> Disability Working Allowance | <input type="checkbox"/> Employment and Support Allowance (ESA) |

Date you started receiving the Benefit

This form should now be given to the applicant's doctor so that Part 3 (below) can be filled in.

Part 3 Doctor's certificate (to be filled in by the doctor)

In order that Council Tax discount/exemption may be given to the applicant shown at Part 1, details of their current medical condition are required. The regulations state that a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

As the doctor of the applicant, please give details as requested below. When completed, this form, should be returned to the applicant/person acting on behalf of the applicant.

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

Print name
Signature
Date
Your status (G.P. etc)

Official Stamp

DECLARATION BY APPLICANT

I declare that the information I have given on this form is correct and complete to the best of my knowledge. I will undertake to inform the Council of any change in my circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date
Print name Telephone
Email Mobile Telephone No.

Any information you provide will be used and retained on computer by this Authority, and will be shared with other government bodies, including Scottish Water, in accordance with the Data Protection Act 1998.

Please return this form to: Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX.

If you wish further information regarding this form or any other Council Tax query, please contact us by:

Telephone: 08456 08 12 01 **Email:** council.tax@aberdeenshire.gov.uk **Visit our website:** www.aberdeenshire.gov.uk/counciltax