

**Council Tax
Application for Severely Mentally Impaired
Exemption or Discount**

Name:

Address :

(Including

Postcode)

Council Tax
Reference Number:

Application for Severely Mentally Impaired Exemption or Discount

Information

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

- A Severely Mentally Impaired adult lives alone in the household (A 100% Exemption can be given)
- All adults in the household are Severely Mentally Impaired (A 100% Exemption can be given)
- All but one of the adults who live in the household are Severely Mentally Impaired (A Discount of 25% can be given)

Part 1

You **must** provide documentary evidence from the **earliest date possible** of all State Benefit(s) you receive in accordance with the box(es) ticked below and return this with your completed application form.

- | | |
|---|---|
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Unemployment Allowance or Supplement |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Income Support Including a Disability Premium |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Employment and Support Allowance (ESA) |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Armed Forces Independent Payment |
| <input type="checkbox"/> Working Tax Credit
<i>(Includes Disability Element)</i> | <input type="checkbox"/> Disablement Pension Increase for Constant Attendance |
| <input type="checkbox"/> Child Disability Payment
<i>(Middle or Higher Rate of Care Component)</i> | <input type="checkbox"/> Personal Independence Payment (PIP)
<i>(Daily Living Component)</i> |
| <input type="checkbox"/> Adult Disability Payment
<i>(Daily Living Component)</i> | <input type="checkbox"/> Higher or Middle Rate of Care Component of the Disability Living Allowance (DLA) |
| <input type="checkbox"/> Universal Credit <i>(Including an amount which reflects limited capability for work and work-related activity)</i> | <input type="checkbox"/> Pension Age Disability Payment |

Please list the full name(s) of all those 18 years of age and over living in your home (including yourself)

<u>Title</u>	<u>First Name</u>	<u>Surname</u>	<u>Severely Mentally Impaired (Yes/No)</u>

Part 2**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 3**Doctor's certificate (to be filled in by the doctor)**

Council Tax regulations define a person as being 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 or 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 the following date

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 No

Email..... Mobile No.....

Information provided by you for the purposes of determining Council Tax liability, will be used and stored by Aberdeenshire Council in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. Please refer to our Council Tax Privacy Notice for more information, which can be found at

www.aberdeenshire.gov.uk/online/legal-notice/data-protection/service-specific-privacy-notice/

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

If you require help completing this form or further information regarding Council Tax, contact us by:

Telephone
03456 08 12 01

Email
council.tax@aberdeenshire.gov.uk

Visit our Website
www.aberdeenshire.gov.uk/counciltax