

COUNCIL TAX APPLICATION: SEVERELY MENTALLY IMPAIRED

A person is regarded as severely mentally impaired if he or she suffers from severe mental impairment of intelligence or social functioning which appears to be permanent. The person must be certified by a doctor as severely mentally impaired and entitled to one of the specified benefits below.

Where there is only one adult resident, or the number is reduced to one or zero after deducting disregarded persons, a discount from Council Tax may apply.

If you think that a discount may be applicable, please complete this form and submit it to the address at the bottom of this letter or email a copy to counciltax@milton-keynes.gov.uk. Please ensure Part 4 is completed by a registered medical practitioner. Should the application be successful, a discount will be shown on your Council Tax Bill.

Please complete all parts in BLOCK CAPITALS

PART 1 - Applicant (the person liable to pay the Council Tax)

Name:

Address:

Council Tax Reference:

Contact Number:

Email Address:

Total number of adult residents in the property (aged 18 or over):

PART 2 – Grounds for Application

Name of person which the reduction relates to (if different):

From what date would you like to apply for this discount/ exemption:

Please turn over to continue application >

Is the person for whom this application is made entitled to one of the following benefit or would be if he/she had not reached pensionable age? (please tick any eligible benefit):

- Employment Support Allowance
- Income Support (which includes a disability premium)
- Attendance Allowance
- Personal Independence Payment (with daily living component)
- Disability Living Allowance (with middle or high care component)
- Universal Credit (with a limited capability for work element)
- Severe Disablement Allowance
- An increase in disablement pension for constant attendance
- Disability Working Allowance
- Un-employability supplement/ allowance
- Constant Attendance Allowance

Please provide the reference number for the eligible benefit and date which this started and evidence of entitlement.

Reference Number:

Start date of eligible benefit:

PART 3 - Declaration

The information given on this form is correct. I understand to notify the Council immediately if I am no longer eligible for the discount or exemption granted in respect of this application and that failure to do so may result in a £70 penalty being incurred.

Signature:

Date:

If you are a representative submitting this application on behalf of the applicant, please confirm your relationship/ profession and provide contact details:

Please ensure your doctor or registered medical practitioner completes part 4 >

PART 4 – Certification of Severe Mental Impairment

TO BE COMPLETED BY A DOCTOR

I confirm that, in my opinion, (name) is suffering from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Date of Diagnosis:

.....

Doctors Signature:

.....

Doctors Name (IN CAPITALS):

.....

Practice Address:

.....

Practice Stamp:

STAMP HERE

Council Tax Data Protection Privacy Notice

To find out more about how we use your personal data please visit <https://www.milton-keynes.gov.uk/benefits-council-tax/council-tax-privacy-notice>

Please return your completed application by post to the address below or email a copy to us at counciltax@milton-keynes.gov.uk.