



Please ask for Council Tax Office

Reference No.

Date of Issue:

COUNCIL TAX STATUS DISCOUNT APPLICATION

SEVERE MENTAL IMPAIRMENT

Before you fill in this form could you please read the enclosed Explanatory Notes. After reading the notes could you complete PART 1 of the form and then return it to us in the pre-paid envelope provided. Please DO NOT complete PART 2 of the form or send this form to the applicant's doctor after completing Part 1. Please complete in block capitals using black ink.

APPLICANT'S NAME:

Title

Forenames

Surname

--	--	--

APPLICANT'S ADDRESS (if different from above):

PART 1 – DECLARATION OF BENEFITS/ALLOWANCES

Please tick the box next to the benefit or allowance you receive:

- | | | | |
|--|--------------------------|--|--------------------------|
| INCAPACITY BENEFIT
(Long-term rate) | <input type="checkbox"/> | EMPLOYMENT & SUPPORT ALLOWANCE
(Main phase only) | <input type="checkbox"/> |
| UNEMPLOYABILITY SUPPLEMENT | <input type="checkbox"/> | UNEMPLOYABILITY ALLOWANCE | <input type="checkbox"/> |
| ATTENDANCE ALLOWANCE | <input type="checkbox"/> | CONSTANT ATTENDANCE ALLOWANCE | <input type="checkbox"/> |
| DISABILITY LIVING ALLOWANCE
(Care element only) | <input type="checkbox"/> | WORKING TAX CREDIT
(Includes disability or severe disability element) | <input type="checkbox"/> |

If the applicant is entitled to one of the above benefits or allowances but receives a different allowance instead (such as a state pension) we might still be able to award a status discount or exemption. Does the applicant qualify for one of the above benefits or allowances but not receive an award due to the rules on overlapping state benefits? YES NO

PART 1 (CONTINUED)

Deene House, New Post Office Square, Corby
Northants NN17 1GD. Tel: 01536 464000

DOCTOR'S NAME

DOCTOR'S SURGERY/HOSPITAL ADDRESS

I authorise you to seek, on the applicant's behalf, the certificate set out in Part 2 below from the Registered Medical Practitioner above*. I agree that the certificate should be returned direct to the Council Tax Office, with a copy for transmission to me.

SIGNED:

NAME:

ADDRESS:

DAYTIME TELEPHONE NUMBER:

* This will normally be the applicant's general practitioner. Any certificate issued will be used only in applying Council Tax status discount. You are not required to give your telephone number, however it will be helpful if we need to contact you about this application.

PART 2: TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

DOCTOR'S NAME

DOCTOR'S SURGERY/HOSPITAL ADDRESS

DOCTOR'S STATUS

I CERTIFY THAT IN MY OPINION THE APPLICANT NAMED OVERLEAF

IS [] IS NOT []

SUFFERING FROM SEVERE MENTAL IMPAIRMENT AS DEFINED BY THE LOCAL GOVERNMENT FINANCE ACT 1992, WITH EFFECT FROM / / .

DOCTOR'S SIGNATURE: DATE:

COUNCIL TAX STATUS DISCOUNT APPLICATION

SEVERELY MENTALLY IMPAIRED PERSON

EXPLANATORY NOTES

If you or an adult who lives with you is severely mentally impaired you may be entitled to a discount off your Council Tax bill. This is known as a "status discount". The "applicant" is the person who is severely mentally impaired and is therefore to be disregarded from the Council Tax calculation.

THE RULES TO QUALIFY

1. The applicant is severely mentally impaired, that is he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.
2. The applicant is entitled to receive one of the following Department of Work and Pension Benefits:
 - (i) An invalidity pension
 - (ii) An attendance allowance
 - (iii) A severe disablement allowance
 - (iv) The care component of a disability living allowance/personal independence payments payable at the highest rate
 - (v) An increase in the rate of disablement pension where constant attendance is needed
 - (vi) A disability working allowance
 - (vii) An unemployability supplement
 - (viii) A constant attendance allowance
 - (ix) An unemployability allowance

Please check to see if the applicant is receiving one of these benefits. If so please PROVIDE EVIDENCE e.g. a DWP LETTER. If the applicant is not receiving any one of the benefits contact the Department of Work and Pensions because they may be entitled to something.

A DOCTOR'S CERTIFICATE

A certificate of a registered medical practitioner is required to verify the applicant's condition. If a certificate has already been provided for a previous address then another one is not required.

Certificates are issued free of charge by the doctor who will use part 2 of the claim form. Please provide the Doctor's name and address on part 1 of the claim along with all the other information required and send the form back to the Council Tax Office. They will send the form to the doctor if required.

DO NOT SEND THIS CLAIM FORM DIRECT TO YOUR DOCTOR BECAUSE HE WILL NOT FILL IT IN UNLESS IT COMES DIRECT FROM THE COUNCIL.

CONFIDENTIALITY

The information given on this form is treated in the strictest of confidence in accordance with the Data Protection Act.

Deene House, New Post Office Square, Corby
Northants NN17 1GD. Tel: 01536 464000

IMPORTANT

ANY PERSON WHO GIVES FALSE INFORMATION IN ORDER TO REDUCE THEIR COUNCIL TAX BILL IS COMMITTING A CRIMINAL OFFENCE AND MAY BE PROSECUTED.

You must read the declaration carefully, then sign and date it. In addition it would be helpful if you would provide your telephone number in case a query arises with the application.

ANY QUERIES

Contact the Council Tax Office at Corby Borough Council, The Corby Cube, Parklands Gateway, George Street Corby NN17 1QG or telephone Corby (01536) 3184, 4128, 4129, 4131 or 4132.