



COUNCIL TAX DISCOUNT OR EXEMPTION FOR SEVERE MENTAL IMPAIRMENT

In accordance with the Local Government Finance Act 1992 and the Council Tax (Discount Disregards) Order 1992 (as amended) any individual who suffers from severe mental impairment may be entitled to a discount or an exemption.

Please complete Part 1 of this form on behalf of the applicant. Part 2 must be completed by the applicant's doctor. The doctor should not charge you for completing this form. On completion of this form, please forward it along with any supporting documents to: Revenues Service, North Tyneside Council, Quadrant East, The Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY.

PART 1

Applicant's full name	
Address	
Council Tax account number	
Doctor's name	
Address of GP surgery/hospital	

Please indicate with a X in the box below the benefit(s) to which the applicant is entitled:

Attendance Allowance	<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/>
Constant Attendance Allowance	<input type="checkbox"/>	Unemployability Allowance	<input type="checkbox"/>
An increase in the rate of Disablement Pension for constant attendance	<input type="checkbox"/>	Universal Credit with limited capability for work/work-related activity	<input type="checkbox"/>
Highest or middle rate of Disability Living Allowance care component	<input type="checkbox"/>	Personal Independence Payment daily living component	<input type="checkbox"/>
Unemployability Supplement	<input type="checkbox"/>	Disability Working Allowance	<input type="checkbox"/>
Armed Forces Independence Payment	<input type="checkbox"/>	Employment Support Allowance (work-related activity)	<input type="checkbox"/>

I declare that the information given on this form is correct to the best of my knowledge and belief. I understand that giving false information is an offence for which a penalty may be imposed.

Name and address of person acting on behalf of the applicant	
Relationship to the applicant	
Telephone:	Email:
Signature:	Date:

PART 2 to be completed by the applicant's doctor

Severely Mentally Impaired – Doctors Certificate

This certificate will help the Council decide whether the applicant should be treated as severely mentally impaired.

For the purpose of this statutory discount, a person is considered to be severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

To help you make a judgement on whether someone is severely mentally impaired it may be helpful to know the reason for discount from the council tax. The aim of council tax is to give taxpayers a direct stake in the spending decisions of local authorities. Clearly, this kind of accountability is much less successful in the case of someone who is severely mentally impaired to the extent that he/she does not have an understanding of local issues. The definition is not the same as in the Mental Health Act 1983.

Please complete this certificate stating whether in your opinion the person named above is severely mentally impaired.

If you have any questions about this form, please call us on 0345 2000 101 for advice.

In my opinion, the applicant is severely mentally impaired, and has been so from	Date:
In my opinion, the applicant is not severely mentally impaired	
Doctor's full name	
Doctor's signature	
Date	
Surgery/hospital Stamp	

If you do not stamp this form, the Council Tax Exemption / Discount may not be granted.