

Council Tax

Claim form for a discount due to Severe Mental Impairment



Revenues and Benefits Service

The Deane House
Belvedere Road
Taunton
TA1 1HE

Telephone 01823 356355
Lines open weekdays 8.00am to 6.00pm

Date

Account number

Version 3 / 2017 / underlying entitlement

Please read these notes before you fill in the form

Your Council Tax bill assumes there are at least two adults living in your home. If only one adult lives in a property, we can reduce the Council Tax by 25%.

Some people are not counted as living in a property for Council Tax purposes, so even if there is more than one adult living in your home, you could still get a discount.

We do not count people who are **severely mentally impaired** as living in your home for Council Tax purposes.

By 'severely mentally impaired', we mean a person who has an impairment of intelligence, understanding, social functioning or interaction that appears to be permanent, and either gets or has an "underlying entitlement" to one of the following benefits:

- Incapacity Benefit or Employment & Support Allowance (support component)
- Severe Disablement Allowance
- Middle or highest rate care component of Disability Living Allowance (DLA)
- Unemployability Supplement or Allowance
- Attendance Allowance
- The standard or enhanced rate of the daily living component of Personal Independence Payment (PIP)
- Disabled Person's Tax Credit
- An increase in their Disablement Pension (for constant attendance)
- Constant attendance allowance
- Income Support which includes a disability premium

Please fill in this form if you, or someone living with you, is severely mentally impaired for Council Tax purposes.

How to fill in this form

Please fill in the form using **black ink**. If you find it difficult to fill in the form, please telephone us on 01823 356355.

A GP, consultant or other medically qualified person who knows about the impairment must complete and sign Part B. **We will need proof of each person's qualifying benefit (or underlying entitlement)**. This could be a letter from the Department for Work and Pensions or HM Revenue and Customs.

When you have filled in the form **make sure you read and sign the declaration in Part C**.

Please return it to: Revenues and Benefits Service, Taunton Deane Borough Council, PO Box 582, Taunton TA1 1NG.

If you would like this form translated into other languages or in Braille, large print, audiotape or CD, please contact us.

Part A. Your household

Address this claim is for

Tell us how many people **over the age of 18** live in your home

Include anyone who may be temporarily absent (e.g. is working away, on holiday or in hospital)

Please tell us about anyone who is severely mentally impaired for Council Tax purposes

Their full name

Date of birth

The qualifying benefit they get

Part B. Medical certificate

A GP, consultant or another medically qualified person must complete this part.

I certify that the person(s) named above is suffering from a severe mental impairment and has done since

Your signature

Date

Your full name

Your medical capacity

Office stamp of health centre, clinic or surgery

Part C. Declaration

Even if someone has filled in this form for you, you must sign this declaration if you can. Read this declaration carefully before you sign and date it.

- **I declare** the information I have given on this form is correct and complete.
- **I agree** to tell the Council within 21 days of any change in my circumstances that may affect my claim for this discount or my right to this discount.
- **I understand** you could add a penalty of £70 to my Council Tax bill if I fail to tell you of a change affecting my right to this discount within 21 days, or if I give wrong or incomplete information.

Your signature

Date

Your full name

If you are not the Council Tax payer for this property, please tell us your full name, address and why you have completed this form

Daytime telephone number or E-mail address

Taunton Deane Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you provide on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.