

Council Tax Discount – Severely Mentally Impaired

Reference: <%ACCOUNT_REFERENCE%>

Property Address: <%PROP_ADR_LINE_ALL%>

Council Tax charge is based on two adults living in a property. If there are less than two adults in the property you may be eligible for a Council Tax discount. An adult resident who has been diagnosed with a permanent severe mental impairment and is receiving or eligible to receive one of the following benefits can be excluded when counting the number of adults in the property:

- Universal Credit
- Incapacity Benefit or Employment Support Allowance
- Attendance Allowance
- Severe Disablement Allowance
- The highest or middle rate of the care component of Disability Living Allowance or Personal Independence Payment
- An increased rate of Disablement Pension
- Disability Working Allowance
- Unemployability Allowance
- Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military, Air Forces (Disablement & Death) Service Pension Order.
- Income Support which includes a disability premium because of incapacity for work.

What evidence do I need to provide?

- Copy of most recent Benefit award letter.

Complete this form in full, sign the declaration and return with the required evidence to the address at the top of this form.

Section 1 - To be completed by liable person

A liable person is the person responsible for the bill.

Full name

Email address

Telephone number

Reference: <%ACCOUNT_REFERENCE%>
Property Address: <%PROP_ADR_LINE_ALL%>

Section 2 - To be completed by registered medical practitioner

It is important you do not alter the statement below. If the patient does not meet the eligibility criteria at the start of this form they will not qualify.

I confirm that in my opinion the above person suffers from a severe impairment of intelligence and social functioning which appears to be permanent.

agree disagree

How long has this condition existed?

This is the date the person's condition started.

Doctor's signature

Doctor's name

Doctor's email address

Doctor's telephone number

Doctor's Stamp

If you do not have a stamp please enclose a compliment slip or sheet of headed paper.

Declaration

I declare the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details. If there's a change in my circumstances, I will notify East Renfrewshire Council within 21 days. I accept failure to provide this information is an offence, which may result in a fine of £50 and £200 for each offence thereafter. I understand this information may be shared with other councils or organisations that handle public funds for the purposes of preventing and detecting fraud.

Signature of liable person