

Account No.

Discount - Severe Mental Impairment

On behalf of the applicant, that is the person who is severely mentally impaired, please complete part A and B of this form. Please arrange to have part C of the form completed by the applicant's doctor. You should return the completed form to Revenue Services together with confirmation that one of the required benefits, listed below, is now being received.

Part A Applicant's name

Date of birth

Address

Total number of adults resident in the property (include anyone who is aged 18 or over)

The applicant is receiving the following benefit or allowance from the date shown. Please provide evidence of payment of any benefit indicated below, such as a letter of entitlement from the Department for Work and Pensions.

	Date Granted
a) Incapacity Benefit or Employment and Support Allowance	<input type="text"/>
b) Attendance Allowance	<input type="text"/>
c) Severe Disablement Allowance	<input type="text"/>
d) Care Component of Disability Living Allowance	<input type="text"/>
e) An increase in Disablement Pension, where constant attendance is needed	<input type="text"/>
f) Disability Working Allowance	<input type="text"/>
g) Unemployment Supplement	<input type="text"/>
h) Constant Attendance Allowance at one of the four rates payable with Disablement Benefit or War Disablement Pension	<input type="text"/>
i) Unemployability Allowance payable with War Disablement Pension	<input type="text"/>
j) Income Support Disability Premium	<input type="text"/>

Part B**Authorisation for the Doctor**

I authorise you, as the applicant's doctor, to complete C of the form.

Doctor's Name

Doctor's surgery/hospital address

Signature of person acting on the applicant's behalf

Full name

Relationship to applicant

Address

Date

The doctor will normally be the applicant's general practitioner. This authorisation will only be used for determining whether a Council Tax discount should be granted.

Part C**To be completed by the doctor**

Doctor's Surgery/hospital address

(Please tick the appropriate box)

I certify that in my opinion the applicant named in Part A of this form is

is not

suffering from severe mental impairment. For the purpose of the Local Government Finance Act 1992, severe mental impairment is defined as "severe impairment of intelligence and social functioning (however caused) which appears to be permanent".

Doctor's signature

Doctor's full name (in block capitals)

Doctor's status

Date

To the doctor: This information will only be used for determining whether a Council Tax discount should be granted.