



<b>Date of Issue:</b>
<b>Reference No:</b>

**COUNCIL TAX DISCOUNT – SEVERELY MENTALLY IMPAIRED**

**Applicant:**

This form should be completed by the person responsible for paying the Council Tax (the liable person), if this is the person who is severely mentally impaired it can be completed on their behalf.

**Please note:**

Appropriate evidence of entitlement to benefit (such as a letter of entitlement) must be provided. The qualifying benefits are:

- a. an incapacity benefit under Section 30a of the Social Security (Contributions and Benefits) act 1992, or entitlement to such had the person not reached retirement age;
- b. employment support allowance, where it has replaced Incapacity Benefit
- c. an attendance allowance under Section 64 of that Act;
- d. a severe disablement allowance under Section 68 of that Act;
- e. the care component of a disability living allowance under Sections 71 of that Act, payable at the highest rate under Section 72 (4) (a) or the middle rate under Section 72 (4) (b) of that act;
- f. the daily living component of the Personal Independence Payment (PIP) at the standard or enhanced rate;
- g. an increase in the rate of disablement pension under Section 104 of that Act (increase where constant attendance needed);
- h. a disability working allowance under Section 129 of that Act for which the qualifying benefit is one falling within sub Section (2) (a) (i) or (ii) of that section, or is a corresponding Northern Ireland benefit;

**Section 1. Application Information** – the name and address of the severely mentally impaired person (the applicant):

Full Name(s):
Property Address:



**Section 2. Residents** – please list below all current adult residents in the property:

Title	Forename(s)	Surname(s)

**Section 3. Contact Details** – if you are completing this form on the liable person’s behalf, please supply your contact details:

Full Name	Contact Address	Relationship to Applicant

**Section 4. Registered Medical Practitioner** (this will normally be the applicant’s general practitioner):

<b>Doctor’s Name:</b>	
<b>Doctor’s Surgery Address:</b>	

**Section 5. Declaration**

I declare the information given above is correct to the best of my knowledge and belief.

**Print Name:**..... **Signed:**..... **Date:**.....

Please supply a telephone number and/or email address where you can be contacted:

Telephone: Email: <p style="text-align: right;">I would like to receive electronic bills via email <input type="checkbox"/></p>
---

**Section 6. Registered Medical Practitioner’s Certification** – to be completed by the registered medical practitioner:

I certify in my opinion that the applicant named in section 1 above **is / is not (please delete)** suffering from a severe impairment of intelligence and social functioning, however caused, which appears to be permanent.

**Date Applicable From:** .....

**Name:**..... **Signed:**..... **Date:**.....

The information on this form is necessary to administer your council tax and fulfil the council’s statutory functions, and will not be used for any other purposes.

Privacy Notice – Welwyn Hatfield Borough Council is committed to protecting your privacy when you use our services. Our privacy notice explains how we use information about you and how we protect your privacy [www.welhat.gov.uk/privacy-notice](http://www.welhat.gov.uk/privacy-notice).

We can provide this information in different formats if needed. Please call 01707 357000 and ask for the Council Tax section or email [c.tax@welhat.gov.uk](mailto:c.tax@welhat.gov.uk)