



Council Tax

Application for Severely Mentally Impaired Exemption or Discount

Property no.

Name

Reference no.

Address

Issue Date

DD / MM / YYYY

Return by date

DD / MM / YYYY

Postcode

INFORMATION

When a property is occupied by a severely mentally impaired person(s) a 25% discount or 100% exemption may be awarded. Please tick box relevant to your household:

- ☐ All severely mentally impaired adult lives alone in the household. (100% exemption can be given.)
- ☐ All adults in the household are severely mentally impaired. (100% exemption can be given.)
- ☐ All but one of the adults who live in the household are severely mentally impaired. (25% discount can be given.)

PART 1 QUALIFYING BENEFIT & THOSE IN THE HOUSEHOLD

When submitting your completed application form, documentary evidence must be provided of each state benefit you receive and where you have ticked a box below. If you are applying for backdating, the evidence you are providing must show your entitlement to one of the qualifying benefits (shown below) for the whole duration for which you wish backdating to be considered.

- | | |
|---|--|
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Unemployment Allowance or Supplement |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Higher or Middle Rate of Care Component of the Disability Living Allowance (DLA) |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Income Support including Disability Premium |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Disablement Pension increase for Constant Attendance |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Employment and Support Allowance (ESA) |
| <input type="checkbox"/> (Includes Disability Element) Child Disability Payment (Middle or higher rate of care component) Adult Disability Payment (ADP) | <input type="checkbox"/> Daily Living Rate of Personal Independence Payment (PIP) |
| <input type="checkbox"/> (Standard or enhanced rate of daily living component) | <input type="checkbox"/> Universal Credit (Including an amount which reflects limited capability for work and work-related activity) |
| <input type="checkbox"/> Armed Forces Independence Payment | <input type="checkbox"/> Pension Age Disability Payment |

Please list the full name(s) of all those 18 years and over living in your home (including yourself)

| Title | First Name | Surname | Relationship | Severely Mentally Impaired (Yes/No) |
|-------|------------|---------|--------------|-------------------------------------|
| | | | Self | |
| | | | | |
| | | | | |
| | | | | |

PART 2 SEVERELY MENTALLY IMPAIRED PERSON'S DETAILS

(to be filled in by you or the person acting on your behalf)

| | | | |
|--|------------------------------|-----------------------------|----------------------|
| Full Name | <input type="text"/> | Date of Birth | <input type="text"/> |
| Property Address | <input type="text"/> | | |
| Name and address of person acting on applicants behalf | <input type="text"/> | | |
| Relationship to applicant | <input type="text"/> | Telephone No. | <input type="text"/> |
| Do you hold Power of Attorney for the applicant (if yes please provide a copy of this document) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| The address where correspondence should be sent | <input type="text"/> | | |

PART 3 DOCTOR'S CERTIFICATE (to be filled in by a registered Medical Practitioner)

Council Tax regulations define a person as being severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.
As the doctor of the applicant, please give details as requested below. When completed, this form should be returned to the applicant/person acting on behalf of the applicant.

In my opinion, the person named above is severely mentally impaired and has been so from the following date

Reason for or Condition of Impairment

Doctor's full name

Doctor's signature

Date

Telephone No.

Official stamp

PART 4 DECLARATION

I confirm that the information provided by me on this form is both accurate and complete and I undertake to notify the Council immediately of any change in my circumstances which may affect my liability for Council Tax. I understand the Council may make whatever enquiries it considers necessary to verify the information provided by me on this form.

Signature

Date

Print Name

Telephone No.

Email

Mobile No.

Information provided by you for the purposes of determining Council Tax liability, will be used and stored by Aberdeenshire Council in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018. Please refer to our Council Tax Privacy Notice for more information, which can be found at www.aberdeenshire.gov.uk/online/legal-notice/data-protection/service-specific-privacy-notice/

Please return this form to: Aberdeenshire Council, PO Box 18533, Inverurie, AB51 5WX

If you require help completing this form or further information regarding Council Tax, contact us by:

Telephone

Email

Visit our Website

03456 08 12 01

council.tax@aberdeenshire.gov.uk

www.aberdeenshire.gov.uk/counciltax

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