

Please quote: Council Tax/Severely Mentally Impaired
Your reference: As shown on your bill
Date:
Please ask for:
Telephone direct: (01424) 451081
E-mail: counciltax@hastings.gov.uk
Web: www.hastings.gov.uk



REVENUES AND BENEFITS SERVICE

PO Box 176,
Hastings,
TN34 1PY

COUNCIL TAX DISCOUNT OR EXEMPTION: SEVERELY MENTALLY IMPAIRED

When calculating the level of Council Tax payable, a person may be eligible for discount or an exemption if someone in the household is severely mentally impaired.

In order that I may consider your claim please read and complete the attached form and return to the above address.

If you have any query about the form, or require any assistance to complete it, please do not hesitate to contact my office on the above number.

Yours sincerely,

Revenue Service Manager

COUNCIL TAX DISCOUNT OR EXEMPTION: SEVERELY MENTALLY IMPAIRED

RE:

Account Reference Number:

To be eligible to be disregarded or Exempt as a person who is severely mentally impaired (including someone suffering from Alzheimer's Disease) the following conditions must be met.

- (a) (i) The person is in receipt of a DSS Incapacity Pension (this includes people who would be entitled to Incapacity Benefit had they not reached pensionable age), a Severe Disablement Allowance, or an unemployability supplement or allowance; or
- (ii) Attendance or Constant Attendance Allowance; or
- (iii) Disability Living Allowance where the care component is at the middle or higher rate or a Disability Working Allowance or enhanced rate daily living component of personal independent payment (PIP); or
- (iv) If not entitled to any of (i) to (iii), receiving Income Support where their applicable amount includes a Disability Premium on the grounds of incapacity for work.
- (v) Or where the partner of a severely mentally impaired person receives a Job Seeker's Allowance which is increased on the grounds of their partner's incapacity for work.
- (b) a certificate must be issued by the applicant's doctor stating that the person concerned is severely mentally impaired.

I should therefore be grateful if you would give the following information so that the application can be considered.

Name of applicant	
Address of applicant	
Account reference number	
Please state the <u>type and reference number</u> of the pension, benefit or allowance received, and the applicant's National Insurance number (please send proof)	
When did it start ? (please send proof)	

Unless proof is provided my office will not be able to decide if you are entitled

The doctor of the person on behalf of whom application is made should complete the attached certificate.

Declaration

I declare that the information given is true and I understand that it is a criminal offence under the Theft Act 1968 to supply false information to obtain monetary advantage and this may result in prosecution.

I also understand that if any of my circumstances change and I am no longer entitled to a discount or exemption I must inform you within 21 days of the change taking place and failure to do so may result in a civil penalty.

Signature:	Date:
You are not legally required to do so, but it would help if you gave your telephone number in case of any query:	Telephone Number:

Thank you for completing this form. Please return it to the address above.

If you are entitled to a discount or exemption we will send you a revised Council Tax bill.

The Council is under a duty to protect the public funds it administers and may therefore also use the information you give for the prevention and detection of fraud within this Authority. It may also share it with other bodies administering public funds solely for these purposes.

**COUNCIL TAX DISCOUNT OR EXEMPTION:
ON THE GROUNDS OF SEVERE MENTAL IMPAIRMENT
DOCTORS CERTIFICATE IN RESPECT OF**

Name of applicant	
Address of applicant	
Account reference number	

I certify that in my opinion the applicant named above

is is not (please tick appropriate box)

suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992.

They have had this impairment since: / / (please give date)

Doctor's signature Date

Doctor's full name (Block Capitals)

Doctor's status