

**Council Tax
Exemption / Discount Claim Form –
Severe Mental Impairment**

Inverclyde
council

A person who has a Severe Mental Impairment (SMI) of their intellectual and social functioning that appears to be permanent may be eligible for a Council Tax exemption or discount.

To be eligible, the person must be diagnosed as SMI by a Registered Medical Practitioner and must also be entitled to one of the benefits listed on this form.

www.inverclyde.gov.uk/council-and-government/council-tax

Council Tax account no:

If you have any difficulties with this form please contact Revenues and Benefits for assistance on 01475 712961.

Please read (a), (b) and (c) then tick the relevant category for which you are applying.

- (a) A qualifying adult lives alone in the household ☐
- (b) All adults in the household meet the qualifying criteria ☐
- (c) All but one of the adults who live in the household meet the qualifying criteria ☐

PART A: Personal Information

Full name of person applying to be disregarded

National Insurance Number..... Date of Birth

Address..... Telephone Number

Post Code Email Address

Total number of adults (including yourself) aged 18 years or over living at this address

PART B: Declaration of benefit entitlement:

A person may only be exempt or disregarded on the grounds of being SMI if they are entitled to one of the following benefits. Please provide evidence, such as a copy of the award letter or payment document.

Please tick the relevant box(es)

- Incapacity Benefit (Short or Long Term) ☐
- Attendance Allowance ☐
- Constant Attendance Allowance paid with a war Pension ☐
- Disability Living Allowance (middle or higher care component) ☐
- Increase in disablement pension (due to constant attendance being needed) ☐
- Adult Disability Payment (standard or enhanced rate of daily living component)* ☐

- Working Tax Credits that includes a disability element ☐
- Income Support (which includes the disability premium) ☐
- Personal Independence Payment (daily living component) ☐
- Armed Forces Independence Payment ☐
- Employment and Support Allowance ☐
- Universal Credit (in circumstances where a person has limited capability for work and/or work-related activity) ☐
- Unemployability Supplement or Allowance paid with a War Pension ☐
- Severe Disablement Allowance ☐

*Or short term assistance paid in lieu of Child Disability Payment/Adult Disability Payment

PART C: Medical Practitioner's Declaration (to be completed by the Registered Medical Practitioner)

A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. Local Government Finance Act 1992 (Schedule 1, Paragraph 2)

When completed this form should be returned to the applicant / person acting on behalf of the applicant.

Name of doctor/medical practitioner:.....

Contact details of surgery/hospital address:.....

Postcode:.....

Telephone Number:.....

I can confirm the person named in PART A is SMI as defined above. (Please tick box) YES ☐ NO ☐

A Council Tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to be SMI.

Date of Diagnosis/...../.....

Status (G.P etc.)

Medical Practitioner's Signature:

Dated/...../.....

Official Surgery / Hospital Stamp

Note: GPs must not charge for the diagnosis and/or completion of this form.

British Medical Association, The National Health Service
(General Medical Services Contracts) Regulations 2004
(Regulation 21(1) and Schedule 4).

PART D: Applicant's Declaration:

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicants signature..... Date / /

If you are completing the form on behalf of the applicant, what is your relationship to them? Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:.....

Postcode:..... Telephone Number:..... Email:.....

Signature of person acting on applicant's behalf:

Date:..... / /

Completed forms should be returned to:

Revenues Services, Inverclyde Council, PO Box 9467, Greenock, Inverclyde, PA15 1JD

or emailed to: council.tax@inverclyde.gov.uk

Data Protection – We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for, and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information to anyone else, or use information about you for other purposes, unless the law allows us to.

