

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



The Council Tax due on a property may be discounted or exempted if one or more of the occupants has a severe impairment of intelligence and social functioning which appears to be permanent.

The condition of each person must be certified by a registered medical practitioner and they must be in receipt of (or if of pensionable age would otherwise be entitled to) one or more qualifying state benefits as detailed below.

[www.inverclyde.gov.uk/council-and-government/council-tax](http://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

**Details of the person making the claim (To be filled in by you or the person assisting you)**

Applicant's name .....

Address ..... House Telephone Number .....

..... Mobile Number .....

Post Code ..... Email Address .....

How many people (including yourself) aged 18 years or over live in your household

Title	Forename	Surname	Type of Benefit Received	Date awarded
.....	.....	.....	.....	...../...../.....
.....	.....	.....	.....	...../...../.....
.....	.....	.....	.....	...../...../.....

**Proof of Benefit must be provided for each person  
Qualifying State Benefits are:**

- Short or Long Term Incapacity Benefit
- Severe Disablement Allowance
- Constant Attendance Allowance
- Attendance Allowance
- Disabled Person's Tax Credit
- Universal Credit
- Employment and Support Allowance

- Unemployability Supplement or Allowance
- Armed Forces Independence Payment
- The Daily Living component of Personal Independence Payment
- Income Support where the applicable amount includes a disability premium
- The highest or middle rate of the care component of Disability Living Allowance

**Doctor's Certificate (to be completed by the Doctor)**

A person may receive a council tax discount or exemption if he or she has a severe impairment of intelligence and social functioning, however caused, that appears to be permanent.

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

Applicant's Name .....

In my opinion, the person named above suffers from severe impairment of intelligence and social functioning which appears to be permanent.

This condition has existed since ...../...../.....

Your name .....

Surgery/Hospital address .....

Status (G.P etc) .....

.....

Please Print name .....

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

**Official Surgery / Hospital  
Stamp**

**Declaration (to be signed by you or the person assisting you)**

I declare that the information on this form is true and correct. I undertake to inform you of any change in circumstances as soon as the change occurs.

Signed..... 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](mailto: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.

