



Account number:
Prop ref:

Application for Council Tax Discount Severely Mentally Impaired

The basic Council Tax bill comprises of a property and a person element. The bill assumes that there are two resident adults living in the property. This may be reduced by discounts of 25% and 50%, which are allowed in certain circumstances.

When completing this form, please enter the names of **all members of your household** aged over 16 years, giving the date of birth for those aged between 16 and 18 years.

Please ensure that proof of entitlement to benefit/pension/allowance is enclosed when returning this application form together with the attached certificate which should be completed and signed by your doctor.

Please ✓ all appropriate options.

Section A - Household Details

Address of property (if different from above): _____

Members of household:

Title	Surname	Forenames	Date of Birth persons aged under 18

If you need more spaces please use a separate sheet of paper and fix securely to this form.

Section B - Details of Person to be disregarded due to severe mental impairment.

Full name: _____

Please indicate the type of Benefit/Pension or Allowance to which he/she is entitled by ticking the appropriate box or boxes.

- | | |
|---|--------------------------|
| Incapacity Benefit | <input type="checkbox"/> |
| Severe Disablement Allowance | <input type="checkbox"/> |
| Unemployability Supplement | <input type="checkbox"/> |
| Unemployability Allowance | <input type="checkbox"/> |
| Income support which includes a disability premium | <input type="checkbox"/> |
| Attendance Allowance at the higher or lower rate | <input type="checkbox"/> |
| Constant Attendance Allowance | <input type="checkbox"/> |
| Care Component of a Disability Living Allowance, at the higher or middle rate | <input type="checkbox"/> |
| Disability Working Allowance | <input type="checkbox"/> |

DWP Allowance number: _____

Please enclose a current award notice or letter of entitlement.

(This will be returned as soon as possible)

Section C - Claim

Date from which discount is claimed: _____

Has the number of occupiers living in the dwelling changed since the date discount is claimed?
YES/NO

If yes, please give brief details _____

Section D - Declaration

DECLARATION: I declare that to the best of my knowledge, the particulars given on this form are true, accurate and complete. I understand that this information will be checked. I undertake to notify Chichester District Council of any changes in circumstances, which will affect my Council Tax liability.

Full name (in capitals): _____ Date: _____

Signature: _____ Tel no (if any queries) _____

E-mail address (if you are happy to be contacted this way) _____

Chichester District Council manages personal data in accordance with the provisions of the Data Protection Act 1998. The Act applies to personal information about living, identifiable, persons.

We may share information with other departments in the Council or our partners as the law allows and to improve the service to you.

Council Tax data will be provided to the Audit Commission for data matching purposes in accordance with Section 6 of the Audit Commission Act 1998 as part of the National Fraud Initiative. This data will be used for cross-system and cross-authority comparison for the prevention and detection of fraud. For more information, see the Council's web page on its Data Protection Policy, which provides further guidance on your rights and access to the Audit Commission's National Fraud Initiative web pages, or contact The Revenues Manager 01243 785166 ext. 3349

PRIVATE & CONFIDENTIAL

COUNCIL TAX DISREGARD CERTIFICATE



SEVERELY MENTALLY IMPAIRED

Name of Applicant: _____

Address: _____

Post Code: _____

I certify that in my opinion the above named applicant (please tick appropriate box)

Is/was Is not

Suffering from severe mental impairment for the purpose of the Local Government Act 1992, **and has been since**

Doctors signature: _____

Doctors name: _____
(in block capital)

Doctors status: _____ Date: _____

This form is only used in awarding a council tax reduction on the basis of the above named being considered severely mentally impaired

This form, once signed by your doctor, should be returned to Revenues Division, Chichester DC, East Pallant, Chichester, PO19 1TY. The form should be returned with your application form and proof of the relevant qualifying benefit, as indicated on page 2 of the form.