

**Council Tax Discount/Exemption for the Mentally Impaired Application**

Name:

Address:

Account reference number:

**Please read the supplementary notes before completing this form as you may need to provide supporting evidence/information that is not readily available.**

**Please note:-**

**Making an application for a discount or exemption is not grounds for non-payment of Council Tax. Payment must continue to be made in accordance with the bill already issued until you have received confirmation that the request has been granted.**

**Discounts and exemptions will not be granted retrospectively, except in exceptional circumstances.**

**If documentary evidence is not provided with your completed form, your request will not be processed until this is received.**

To help the council work out the correct Council Tax bill for this property, I would be grateful if you would answer these questions.

1) How many people over 18 live here?

2) What is the full name of the mentally impaired person?

3) Does the mentally impaired person get (or could they get) any one of the allowances listed in the evidence page? YES / NO

4) On what date did this allowance start?

5) Is there anyone else who lives at the property who you believe may be entitled to be disregarded for Council Tax purposes? (See attached list)

Name	Possible Disregard Type

**NB If you have put any information under this section, a separate form for each person named must be completed.**

## **Declaration**

**By signing this form I declare the following:**

**The information on this form is correct and complete to the best of my knowledge and belief. I understand that it is a criminal offence to make a statement or representation that I know to be incorrect or to provide documentation that is false or fail to disclose information to the authority where the law requires it, after this form is complete. If I do so I may be prosecuted.**

**If a discount or exemption no longer applies I will notify the council within 21 days of this occurring.**

**I understand that this authority is under a duty to protect the public funds it administers and to this end may verify the information I have provided on this form with other internal departments, government agencies, local authorities and private sector organisations for the purpose of billing, collection and recovery of Council Tax and for the prevention and detection of fraud. It may also share this information with these agencies and other bodies responsible for auditing or administering public funds for these purposes.**

Signature:	
Print name:	
Date:	

It would help if you could supply daytime contact details in case we need further information.

Email Address:	
Tel number:	
Contact Address:	
Relationship to applicant, if completing on their behalf:	

To submit your application you will need to:

1. Scan the completed form and relevant documents using either a scanner or taking a picture of it using your mobile phone.
2. Send the scanned/pictured image to your computer eg by email or text
3. Answer all the questions and then attach the image at [www.harrow.gov.uk/evidenceform](http://www.harrow.gov.uk/evidenceform)

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**Address** Harrow Council, PO Box 731, Harrow, HA3 3RG

**Web** [www.harrow.gov.uk](http://www.harrow.gov.uk)

## **Supplementary Notes**

Reasons why a resident is not counting for Council Tax purposes include the following:-

- . • Aged 17 or under
- . • Living in the property temporarily and who has a main home elsewhere.
- . • Defined as severely mentally impaired
- . • Full – time student
- . • Student nurse
- . • Carer
- . • Care worker
- . • Over 18 but someone else is still entitled to child benefit for them
- . • Held in detention
- . • Apprentices
- . • Main home is a hospital or nursing home (no intention to return to this address)
- . • School/college leavers who are under 20 and left school/college between 30<sup>th</sup> April and 1<sup>st</sup> November
- . • Foreign partner or dependant of a full time student
- . • Youth Trainees
- . • Diplomats
- . • Member of Visiting Forces

### **Evidence Required**

#### **Step 1**

#### **List of relevant allowances (these are abbreviated terms)**

- Disability living allowance care component at the middle or highest rate
- Attendance allowance
- Constant attendance allowance
- Severe disablement allowance
- Employment and support allowance
- Incapacity benefit
- Income support including a disability premium (this includes anyone whose partner has a disability premium for them included in their income-based jobseekers allowance)
- The disability element of working tax credit

Proof of the relevant allowance must be included with the application

#### **Step 2**

Get the doctor to complete the enclosed certificate and then send everything back to the Council Tax Office. The doctor cannot charge you for this.

Council Tax Relief Application for Severe Mental Impairment Doctor's certificate

<b>Name of applicant:</b>	
<b>Address of applicant:</b>	

This certificate will help the Council decide whether the person named above should be treated as severely mentally impaired for Council Tax purposes. Please tick the box next to the statement which matches your opinion most closely and then sign the certificate. You should say whether you think the applicant has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please see Department of Health guidance PL1CO (93)

<ul style="list-style-type: none"> <li>In my opinion the applicant <b>is</b> severely mentally impaired for the purposes of Council Tax</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>In my opinion the applicant <b>is not</b> severely mentally impaired for the purposes of Council Tax</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>I <b>cannot tell</b> if the applicant is severely mentally impaired.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>If you have ticked the first box please, provide the date you consider this condition became permanent</li> </ul>	<ul style="list-style-type: none"> <li>Date:</li> </ul>

<ul style="list-style-type: none"> <li>Signature:</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>Full name:</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>Date:</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<ul style="list-style-type: none"> <li>Name, address and stamp of your surgery or hospital:</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Please keep a copy of this certificate for yourself and return the other copy back to the applicant so that it can be submitted to the council tax office