

Our Ref: **SMI/**

Your ref:

Ask for: **Revenues Section**

Direct Dial No: **01376 557755**

Date: **AS POSTMARKED**

Financial Services

Causeway House

Bocking End

Braintree

Essex

CM7 9HB

Email: counciltax@braintree.gov.uk

Website: www.braintree.gov.uk

Council Tax – Application for Severely Mentally Impaired Discount/Exemption

When assessing the amount of Council Tax required to be paid, the Council does not count those who are severely mentally impaired. Properties occupied only by those who are severely mentally impaired will receive 100% discount.

Full Name of the applicant: Please indicate below which State Benefits you are entitled to and provide proof of the date the relevant benefit was first awarded. Enter the name of his/her doctor..... Full address and post code of the doctor's surgery.....

Please provide proof of any State Benefit with this application form a copy is acceptable, if it is not enclosed this will delay the application process.

Please take the enclosed certification form to the doctor to be signed and return this form to Braintree District Council.

DECLARATION: A responsible person in the household should sign the form on the applicant's behalf.

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief. Name..... Signature..... Date..... Contact Tel number/email.....
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Doctors Certification

Our Ref: SMICERT/«AA1Persref»/«AccountRef»

Ask for: Revenues Section

Direct Dial No: **01376 557755**

Date: «SystemDate»

Financial Services

Causeway House

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Dear Doctor,

When assessing the number of people living in a household, in order to establish liability for Council Tax, the Council disregards (does not count) those who qualify for Discount Disregards. Among those who may qualify are persons who are **severely mentally impaired**.

An application is being made on behalf of the person(s) named below to be disregarded for Council Tax purposes. I understand that you are the Medical Practitioner for the person(s) listed and I shall be grateful if you will complete the attached forms.

Please note, no charge may be made for the signing of this certificate in accordance with Column 1, Schedule 4 of the NHS, GMS, Regulation's 2004.

Name of Applicant:

Address:

DOCTOR'S CERTIFICATE

The above named person is my patient and I confirm that he/she ***IS / IS NOT** severely mentally impaired within the definitions given below.

Please give date of diagnosis ____/____/____

Signed..... Print name.....

Date.....

Surgery Stamp:

*** Delete as appropriate**

The definition of severely mentally impaired is as follows:-

- a. Having a condition of incomplete or arrested development of the mind, mental illness or dementia, which causes **severe impairment** of intelligence or social functioning.
- b. Having an injury to the brain causing severe impairment of intelligence and social functioning which appears to be **permanent**.

Please return this page to Braintree District Council

Council Tax - Relief for Severely Mentally Impaired

When assessing the number of people living in a household for Council Tax purposes, the Council does not count those who qualify for Discount Disregards. Among those who may qualify for Discount Disregards are those who are severely mentally impaired. If all the residents qualify for this Discount Disregard, the property is exempt for Council Tax.

The definitions of the disability are as follows:-

A person is considered to be severely mentally impaired if he or she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent.

In order to qualify:

1. A doctor must issue a certificate confirming the disability.
2. The person must be entitled to one or more of the following:-
 - a. **Incapacity Benefit** - under Section 30a of the Social Security (Contributions and Benefits) Act 1992.
 - b. **Attendance Allowance** - under Section 64 of the Social Security (Contributions and Benefits) Act 1992.
 - c. **Severe Disablement Allowance** - under Section 68 of the Social Security (Contributions and Benefits) Act 1992.
 - d. **A care payment of a disability living allowance** - under Section 71 of the Social Security (Contributions and Benefits) Act 1992, payable at the **highest rate** under Section 72(4)(a) or the **middle rate** under Section 72(4)(b) of the Social Security (Contributions and Benefits) Act 1992.
 - e. **An increased disablement pension because constant attendance is required** - under Section 104 of the Social Security (Contributions and Benefits) Act 1992.
 - f. **Disability Working Allowance** - under Section 129 of the Social Security (Contributions and Benefits) Act 1992, for which the qualifying benefit is one falling within subsection(2)(a)(i) or (ii) , or is a corresponding Northern Ireland benefit.
 - g. **Unemployability Supplement** - under Part 1 of Schedule 7 to the Social Security (Contributions and Benefits) Act 1992.
 - h. **Constant Attendance Allowance** - under either Article 14 of the Personal Injuries (Civilians) Scheme 1983 or Article 14 Naval, Military and Air Forces, etc. (Disablement and Death) Service Pension Order 1983.
 - i. **Unemployability Allowance** - under either Article 18(1) of the Personal Injuries (Civilians) Scheme 1983 or Article 18(1) Naval, Military and Air Forces, etc. (Disablement and Death) Service Pension Order 1983.
 - j. **Income Support** - where applicable amount includes a disability premium.
 - k. **Incapacity Benefit** – under section 40 and 41 of the Social Security (Contributions and Benefits) Act 1992.

If you wish to apply, please complete the enclosed application form and return it to the address shown, together with evidence to show that the applicant meets the requirements shown above, or did meet the requirements before reaching the age of retirement. The applicant's doctor will be asked to confirm the details you give in the application and you will receive the Council's decision in due course.

These notes are for guidance only.

Please note the following:-

Should your circumstance change in a way that may alter your entitlement to this discount, you must notify me in writing within 21 days of that change. Under Regulation 16 of the Council Tax (Administration and Enforcement) Regulations 19 (as amended) it is your duty to do this. Failure to notify me of such a change may result in a penalty of £70 being imposed upon you. In some cases the Council may use the provisions of the Theft Act 1968 where it believes that false information has been knowingly supplied to obtain a financial benefit to which a person is not entitled.

If you disagree with the decision relating to your application for discount, you may appeal to me in writing within 28 days of the date on this letter. You must explain why you disagree and send any information to support your argument. If we cannot agree, you may appeal to the Valuation Tribunal and the Clerk to the Tribunal will arrange a date for you to attend and give your reasons for the appeal.

You should continue to pay your existing instalments pending the outcome of any application or appeal. If your appeal is successful, you may be asked to complete a review form at a later date, but you will be entitled to a discount/exemption from Council Tax as long as the reasons you gave the Tribunal exist, and the Authority is satisfied that the entitlement continues to exist.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, see www.braintree.gov.uk/council and [democracy/](http://www.braintree.gov.uk/council) National Fraud Initiative or contact our Customer Service Centre on 01376 552525