

Our Ref: **SMI/** please enter your Council Tax account reference
Ask for: Revenues Section
Direct Dial No: **01376 557755**
Date:



Please enter your name and address if printing this form on our website.

Name

Address

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.

In order to apply for this reduction, please complete the form below and ensure you return all parts to the Council Tax team.

Full Name of the applicant:

1 Please check you are entitled to one of the Benefits as shown on the list on the next page. Please tick the Benefit you are entitled to and provide proof of this. Please send the Benefits list back with this form.

2 The enclosed Certificate must be signed by your Doctor. Please give the enclosed form to your Doctor to be completed. (there is no charge for this service)

3 Please confirm how many adults (people aged over 18) live in the property?.....

Please include the individual claiming the discount/exemption.

4 Please sign the declaration below

DECLARATION:

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.....

If this form is being signed by a representative – please provide their contact details here:

.....

Our Ref: **SMI**/ Enter your account reference

Ask for: Revenues Section

Email: counciltax@braintree.gov.uk

Incapacity Benefit ☐

Attendance Allowance ☐

Constant Attendance Allowance ☐

Employment and Support Allowance/ Incapacity Benefit ☐

Severe Disablement Allowance ☐

A care payment of a disability living allowance ☐

Invalidity Pension ☐

Armed Forces Independence Payment ☐

increased disablement pension because constant attendance is required
☐

Disability Working Allowance ☐

Unemployability Supplement or Allowance ☐

PIP or care component of Disability Living Allowance at middle or highest rate ☐

Income Support, including a disability premium on the grounds which include incapacity for work ☐

Universal Credit, including limited capability for work ☐

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%20and%20democracy/) National Fraud Initiative or contact our Customer Service Centre on 01376 552525

Doctors Certification

Our Ref: SMICERT/ Council Tax account reference



Financial Services
Causeway House
Bocking End
Braintree
Essex
CM7 9HB

Ask for: Revenues Section

Direct Dial No: **01376 557755**

Date:

Name of Customer

Address:

Email: counciltax@braintree.gov.uk

Website: www.braintree.gov.uk

To be completed by a doctor.

Please read this definition before completing this form:

For Council Tax purposes, under Local Government Finance Act 1992 a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent. This includes severe mental impairment as a result of a degenerative brain disorder such as Alzheimers disease, stroke or other form of dementia.

Please complete either section 1 or section 2 and sign the declaration.

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.

Section 1

- 1. In my opinion (name) is suffering from a severe mental impairment for the purposes of the Council Tax reduction under Local Government Finance Act 1992.**
- 2. I consider this condition to be permanent YES/NO**
- 3. Please give diagnosis and date of diagnosis**
.....

Section 2

In my opinion(name) is NOT suffering from a severe mental impairment

Doctors signature Date
Doctors name (please print)
Surgery address

Please return this page to Braintree District Council, Revenues Department or email counciltax@braintree.gov.uk

