



	Enquiries to: Telephone: Our Ref: Your Ref: Direct Fax: e-mail address	01730 260645 revenues@easthants.gov.uk
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COUNCIL TAX
APPLICATION TO BE DISREGARDED IN THE CALCULATION OF THE CHARGE
DUE TO SEVERE MENTAL IMPAIRMENT

Please read the accompanying notes before completing this form.

PARTS A AND B ARE TO BE COMPLETED ON BEHALF OF THE APPLICANT.

PART A (BLOCK CAPITALS)

- i) Name of applicant: _____
 - ii) Date of Birth _____
 - iii) Address of applicant: _____
 - iv) Number of adults resident at this address: _____
 - v) Names of the adults resident at this address: _____
- _____
- vi) Please list all disablement/invalidity benefits received by the applicant. (Evidence of entitlement MUST be enclosed). TYPE OF BENEFIT: _____

PART B (BLOCK CAPITALS)

- i) Doctors Name and Surgery address: _____

 Contact Number: _____
- ii) Full name of person acting on applicants behalf: _____
- iii) Relationship to applicant: _____
- iv) Address to which correspondence should be sent

I hereby authorise the East Hampshire District Council to seek, on behalf of the applicant set out in Part A, a certificate from the medical practitioner named above.

Signature: _____ Date: _____ Contact Number: _____

PART C - DOCTORS CERTIFICATE

This certificate is to be completed by a registered medical practitioner.
(This certificate is for use only in applying for exemption from Council Tax)

Name & Address of Applicant:-

I certify, that in my opinion, the applicant named in Part A of the form above
(please circle as appropriate box)

IS

IS NOT

suffering from severe mental impairment for the purpose of the Local Government
Finance Act 1992.

The impairment has existed since (Date): _____

Doctor's full name (BLOCK
CAPITALS): _____

Doctors
status: _____

Signature: _____ Date: _____

ACCOMPANYING NOTES

PLEASE RETURN THE COMPLETED FORM TO US. PLEASE ASK YOUR DOCTOR TO COMPLETE THE DOCTORS CERTIFICATE.

The number of people who live in your house may also affect your entitlement to a reduction.

If you live on your own you may be exempt from Council Tax charges under code 'U' of Local Government Act 1992.

If there are only two adults in the property a 25% discount may be allowed.

If there are more than two adults in the property it is important that you give the names of all residents in the house. You may still be eligible for a discount if any of these people are 'disregarded' for Council Tax purposes however, other forms may need to be sent regarding this.

If there is more than one adult in the property and everyone is disregarded then you may be entitled to a 50% discount.

Certain specific conditions have to be met in order to be disregarded in the calculation of the charge due to severe mental impairment. You are required to be in receipt of certain 'qualifying' benefits as listed below:-

- Incapacity Benefit
- Attendance Allowance under Section 64 of Social Security (Contributions and Benefits Act) 1992.
- Severe Disablement Allowance under section 68 SSCB Act 1992
- Care component of Disablement Living Allowance under section 71 at highest or middle rate
- Increase in disablement pension under Section 104
- Disablement living allowance under section 129
- Unemployability supplement
- Constant attendance allowance
- Other (please give details)

PLEASE NOTE THAT IF THE APPLICANT HAS REACHED PENSIONABLE AGE ALTHOUGH THEY MAY NOT BE IN RECEIPT OF ANY OF THESE BENEFITS THEY MAY BE ELIGIBLE TO APPLY FOR THE DISCOUNT.

In order to consider your application it is important that you send in photocopies of the benefits received.