

Council Tax Exemption – Severely Mentally Impaired

Property Reference: Property Address:

A property can be exempt from Council Tax if the owner has been diagnosed with a permanent severe mental impairment. To qualify for an exemption you must be receiving or eligible to receive one of the following benefits:

- Universal Credit
- Incapacity Benefit or Employment Support Allowance
- Attendance Allowance
- Severe Disablement Allowance
- The highest or middle rate of the care component of Disability Living Allowance or Personal Independence Payment
- An increased rate of Disablement Pension
- Disability Working Allowance
- Unemployability Allowance
- Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval,
 Military, Air Forces (Disablement & Death) Service Pension Order
- Income Support which includes a disability premium because of incapacity for work.

What evidence do I need to provide?

_ ..

Copy of most recent Benefit award letter.

Complete this form in full, sign the declaration and email with the required evidence to the address at the top of this form.

Section 1 - To be completed by liable person

A liable person is the person responsible for the bill or representative e.g. Power of Attorney.

Full name	
Email address	Telephone number
Name of SMI person	Total number of adults (over 18)

Property Reference:
Property Address:

Section 2 - To be completed by registered medical practitioner
It is important you do not alter the statement below. If the patient does not meet the eligibility criteria at the start of this form they will not qualify.

I confirm that in my opinion the above person suffers from a severe impairment of intelligence and social functioning which appears to be permanent.

agree disagree

I confirm that in my opinion the above person suffers fro social functioning which appears to be permanent.	om a severe impairment of intelligence and
agree disagree	
How long has this condition existed? This is the date the person's condition started.	
Doctor's signature	Doctor's name
Doctor's email address	Doctor's telephone number
Doctor's Stamp If you do not have a stamp please enclose a compliment slip	or sheet of headed paper.
Declaration	
I declare the information on this form is true and complete and the details. If there is a change in my circumstances and except frewshire Council within 21 days. I accept failure to provide in a fine of £50 and £200 for each subsequent offence. I under councils or organisations that handle public funds for the purpose.	empt status no longer applies, I will notify East ethis information is an offence, which may result rstand this information may be shared with other
Signature of liable person	
<%FORENAME%> <%SURNAME%> <%CONTACT ADDR 1%>	