

COUNCIL TAX – SEVERE MENTAL IMPAIRMENT REDUCTION

The full Council Tax bill assumes that there are two adults living in a property. However, for Council Tax purposes people diagnosed with severe mental impairment will not be counted when looking at the number of adults. If the number of people left after these people are not counted is less than two then the Council Tax may be reduced.

If all of the members of the household are Severely Mentally Impaired then an exemption will apply. A separate application will need to be made for each applicant.

To qualify the applicant must:

- Be entitled to one of the benefits listed in **Part C**.

Please provide evidence of entitlement to one of the benefits listed in **Part C** overleaf. Evidence of receipt of the benefit can be a photocopy/scanned copy/picture of the letter of entitlement which confirms the date from which the benefit has been received.

AND

- Be confirmed as being severely mentally impaired by a Registered Medical Practitioner (**Part D**).

Please have the Certificate of Severe Mental Impairment in **Part D** completed by a Registered Medical Practitioner with knowledge of the person's condition.

You must return the completed questionnaire to the Council Tax Team either by post to Council Tax, London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton, SM1 1EA or via email to counciltax@sutton.gov.uk.

Please note your application will not be processed if parts A, C and D (and part B if relevant) of this form have not been fully completed. Part D also needs to be signed and stamped by the Registered Medical Practitioner with the surgery stamp.

LONDON BOROUGH OF SUTTON

COUNCIL TAX SEVERE MENTAL IMPAIRMENT QUESTIONNAIRE

Part A

1 Name and address of the person to whom this application relates:

Full name:.....

Address:.....

.....

.....

Council Tax account number:.....

Telephone number (optional):.....

Email address (optional):.....

2 Please indicate the number of adults who have their main residence at the address:.....

3 If there is more than one adult in residence please supply the additional occupiers names below:

.....

.....

.....

Part B (only complete Part B if you are authorising someone to complete this application on your behalf)

Person filling in this form (if different to the liable person)

Full Name:.....

Address (if different to the above mentioned dwelling):.....

.....

.....

I authorise the person filling in this application form to act on my behalf in relation to this application and other Council Tax matters:

Signature of liable person:.....Print name:.....

Part C

1 Is the applicant of pensionable age? Yes ☐ No ☐

2 Declaration of benefit entitlement:

Tick a box to indicate which of these benefits the applicant is entitled to:

Disability Living Allowance care component at the middle or higher rate or the standard or enhanced rate of the daily living component of personal independence payment under section 78(3) of the Welfare Reform Act 2012 ☐

Attendance Allowance at the lower or higher rate ☐

Constant Attendance Allowance at one of the rates payable with disablement benefit or war disablement pension ☐

Severe Disablement Allowance ☐

Employment and Support Allowance (Support Group) (or Incapacity Benefit) ☐

Income Support where the applicable amount includes a disability premium (includes anyone whose partner has a disability premium included in their income-based Job Seekers Allowance) ☐

Universal credit (including an element for limited capability for work or limited capability for work and work-related activity) ☐

The disability element of Working Tax Credit ☐

Please make sure that you have enclosed evidence of the benefit entitlement and the the certificate in part D has been signed by the severely mentally impaired person's doctor

PLEASE NOTE THE INFORMATION YOU PROVIDE IS HELD ON A COMPUTER SYSTEM. THE COUNCIL IS OBLIGED TO PROTECT THE PUBLIC FUNDS IT ADMINISTERS AND THEREFORE, IN ACCORDANCE WITH THE DATA PROTECTION ACT 2018, TAKES PART IN DATA MATCHING. THIS IS SOLELY FOR THE PREVENTION AND DETECTION OF FRAUD.

I declare that the information given in this form is correct to the best of my knowledge

3 Signature of liable person/person authorised to complete this form:

SignaturePrint name:.....

Telephone number (optional).....

Email address (optional).....

Please confirm the Council Tax account number to which this application relates:.....

The below section must be completed by a Registered Medical Practitioner.

Part D

Doctors Surgery / Hospital address:
.....

For the purposes of the 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.

I certify that in my opinion the person named in part A is ☐ **is not suffering from** ☐
severe mental impairment for the purposes of the Local Government Finance Act 1992
(I.E Severe mental impairment of intelligence and social functioning, whatever the cause,
provided that it appears to be permanent)

Date (from when severely mentally impaired):.....

Doctor's full name (in BLOCK CAPITALS);

Doctor's status:

Doctor's signature:..... Date:

This certificate is for use only in applying for a Council Tax discount or exemption

Registered Medical Practitioner's stamp **(This application cannot be processed without the Registered Medical Practitioner's stamp):**

The liable person should return the whole application (parts A to D) once fully completed either by post to Council Tax, London Borough of Sutton, Civic Offices, St Nicholas Way, Sutton, SM1 1EA or via email to counciltax@sutton.gov.uk

