



Civic Centre
Rickergate
Carlisle
Cumbria CA3 8QG
Telephone 0300 373 3730
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Please ask
for: Revenues Section
E-mail: customerservices@cumberland.gov.uk

CTAX Ref:

**Council Tax Discount or Exemption
Application on behalf of persons who are Severely Mentally Impaired**

Part A - Details of Applicant

Name of person(s) liable to pay Council Tax:

Council Tax Account Number:

Name of person with Severe Mental Impairment:

Their date of Birth:

Address:

Number of adults living at this address:

Names of other Adult(s) in property

Relationship(s)

From what date do you wish to claim?

Doctor's name and address:

.....

Part B - Details of Benefit / Allowances

What Benefit or Allowance is payable in respect of the mentally impaired person? (please tick)

- Incapacity Benefit (short or long term)
- Employment and Support Allowance
- An Unemployability Supplement (abolished 1987 but existing claimants remain entitled)
- Attendance Allowance
- Personal Independence Payment Daily Living Component (standard or enhanced rate)
- Severe Disablement Allowance
- Disability element of Working Tax Credit
- Disability Living Allowance Care Component (at the middle or highest rate)
- An increase in Disablement Allowance where constant attendance is needed
- Armed Forces Independence Payment
- Income Support including a disability premium because of incapacity for work
- Constant Attendance Allowance / Unemployability allowance payable under the Industrial Injuries or War Pensions Scheme.
- Universal Credit - if it includes limited capability for work or limited capability for work related elements.

Please provide proof of benefit entitlements failure to do so will result in the application being delayed or returned. Original documents will be scanned and returned

Part C - Declaration:

I declare that the information given on this form is true to the best of my knowledge and belief. I undertake to notify the Council of any change of circumstance which is likely to affect my entitlement to the Exemption or Discount.

Signature:

Date: Capacity in which signed:

Telephone Number:

Would you like to receive any future bills by e-mail? Yes / No (please circle as appropriate)

If yes, please confirm your e-mail address

Please note: Your Doctor needs to complete this next part

Part D - Doctor's Medical Certificate

Council Tax Exemption / Discount on grounds of Severe Mental Impairment

Name of Patient:..... Council Tax ref:.....

Address:

For the purposes of the Local Government Finance Act 1992, a person suffers from severe mental impairment if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please complete the section 1 or 2 below to help us determine eligibility

**1. In my opinion, the person named above HAS
A Severe Mental Impairment
and has since**

**2. In my opinion, the person
named above does NOT suffer from a
Severe Mental Impairment**

...../...../.....

Doctor's signature:

Doctor's signature:

.....

.....

Doctor's full Name in block capitals:

Surgery / Hospital Address:

Date: Telephone No:

Please note – no charge should made for issuing this certificate in accordance with Schedule 9 of the NHS (General Medical Service) Regulations 1992.

This certificate is for use only in support of an application for Council Tax Exemption or Discount.