

Discount application form for severely mentally impaired persons

Please note:-

Making an application for a discount or exemption is not grounds for non-payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.

Name of person claiming this exemption	
Address of applicant	
Council Tax account reference number	
Representatives name, address and contact number (if applicable)	

IF YOU ARE IN RECEIPT OF ANY OF THE FOLLOWING BENEFITS THEN PLEASE TICK THE RELEVANT BOX	
Employment & Support Allowance	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>
Any rate of daily living activity component of personal independence payment	<input type="checkbox"/>
The Care Component of the Disability Living Allowance payable at either the middle or the highest rate	<input type="checkbox"/>
An increase in the rate of his/her disablement pension due to the need for constant Attendance	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>
Unemployability Supplement	<input type="checkbox"/>
Income Support Disability Premium	<input type="checkbox"/>
Constant Attendance or Employability Allowance under:- (1) Article 14 or Article 18 respectively of the Personal Injuries (Civilians) Scheme 1983: or (2) Article 14 or Article 18 respectively of the Naval, Military and Air Force etc (Disablement and Death) Service Pensions Order 1983	<input type="checkbox"/> <input type="checkbox"/>

You will need to supply proof of the benefit entitlement. A photocopy of the front two pages of the benefit book or a letter from the Benefits Agency will suffice.

Please complete the slip below and arrange for the severely mentally impaired person (or someone authorised to act on their behalf), to sign the declaration authorising the Royal Borough of Greenwich to approach his/her General Practitioner.

I hereby authorise the Royal Borough of Greenwich to approach:

Name of Practitioner:

Address of Practice:

in order to obtain a certificate stating that _____ is severely mentally impaired.

How many adults over the age of 18 reside in this property? _____

Date condition first diagnosed _____

Signature: _____

Full Name: _____ **Date** _____

Declaration

Please read carefully before you sign.

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

Your signature

Date

Daytime telephone number

Email address

Please return this application form, together with any other supporting documents that may have been requested, to:

Royal Borough of Greenwich Revenues & Benefits Service

Directorate of Finance

The Woolwich Centre

35 Wellington Street

London SE18 6HQ