

Council Tax – Discount or Exemption for Severely Mentally Impaired (SMI)

For Council Tax purposes, a person is considered as being severely mentally impaired if they have a severe impairment of intelligence and social function, however caused, which appears to be permanent.

A severe mental impairment could be because of a condition like dementia, a stroke or severe learning difficulties.

Who can apply

A representative of or the person liable to pay the Council Tax can apply.

When a discount is awarded

A discount may only be awarded if there are less than two adult occupants (18 years and over) in a property. A severely mentally impaired person is not counted when calculating the number of occupants. Should this result in there being only one occupant a discount of 25% of the Council Tax bill may be given.

When an exemption is awarded

An exemption may be awarded when the only adult occupier or all other occupiers are severely mentally impaired.

Eligible criteria

You can apply if you receive one of these benefits:

- Armed forces independence payment
- Attendance Allowance
- Constant Attendance Allowance
- Employment and Support Allowance (ESA)
- Disability Living Allowance (higher or middle-rate care component)
- Disability working allowance (based on getting income support including disability premium)
- Incapacity Benefit
- Income Support (which includes a disability premium)
- Increase in disablement pension (due to constant attendance being needed)
- Personal Independence Payment (standard or enhanced daily living component)
- Unemployability supplement or allowance
- Universal Credit (including an element for limited capability for work or limited capability for work and work-related activity)

You will need to include a copy of the relevant entitled benefit for each qualifying person and contact details of a qualified medical practitioner, such as your GP. They will need to certify the impairment.

What happens next

Once we receive your application with the supporting evidence, we will assess it and if you are successful, we will send you an adjusted Council Tax bill.

Appeals

If we decide not to award a discount, you can appeal in the first instance to the Council Tax office within 28 days of notice of the decision stating your reasons. However, you may not appeal against the amount of the discount.

Warning

You must continue to pay Council Tax whilst you wait for us to tell you if you are eligible for a discount. If you do not pay, we will start the Council Tax recovery process.

You must tell us within 21 days about any change in your circumstances that may affect your entitlement to a discount or exemption. If you do not tell us, you could get a £70 fixed penalty.

Please read the Guidance Notes overleaf before completing this form.

The person responsible for paying the Council Tax or their representatives should fill in the form.

Council Tax account number	Date of claim for discount/exemption
	DD/MM/YYYY
Full name of the Council Tax Payer	Full address of property you are applying for

SECTION 1 – ABOUT THE PERSON

Full name (of person with SMI)	Date of Birth (of person with SMI)
	DD/MM/YYYY
Name of representative (if applicable)	Address of representative (if applicable)
Contact details of representative (if applicable)	
Mob/Tel No	Email
Is future correspondence to be sent to the representative?	Does anyone have Power of Attorney?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> <i>provide certified copy with application</i> No <input type="checkbox"/>

SECTION 2 – RESIDENTIAL DETAILS

Details of all occupiers (including the person with SMI) over 18 years who live at the same property (use a separate sheet if necessary).				
Full name	DOB	Date moved in	Relationship	SMI (Yes or No)
	DD/MM/YYYY	DD/MM/YYYY		
	DD/MM/YYYY	DD/MM/YYYY		
	DD/MM/YYYY	DD/MM/YYYY		
	DD/MM/YYYY	DD/MM/YYYY		

SECTION 3 – BENEFIT ENTITLEMENT

You must provide the relevant evidence from the earliest date possible of the benefits listed (tick the box) below that you receive. This must be included with your completed application form.

<input type="checkbox"/> Armed Forces independent payment	<input type="checkbox"/> Attendance Allowance
<input type="checkbox"/> Constant Attendance Allowance	<input type="checkbox"/> Employment and Support Allowance
<input type="checkbox"/> Disability Living Allowance (higher or middle-rate care component)	<input type="checkbox"/> Disability working allowance (based on getting income support including disability premium)
<input type="checkbox"/> Incapacity Benefit	<input type="checkbox"/> Increase in disablement pension (due to constant attendance being needed)
<input type="checkbox"/> Personal Independence Payment (standard or enhanced daily living component)	<input type="checkbox"/> Unemployability supplement or allowance
<input type="checkbox"/> Universal Credit (including an element for limited capability for work or limited capability for work and work-related activity)	

SECTION 4 – QUALIFIED MEDICAL PRACTITIONER

We require details of the qualified medical practitioner. You or your representative must provide authorisation. Without this, the discount/exemption cannot be applied.

Name of Qualified Medical Practitioner		Address	
Contact details of representative (if applicable)			
Tel No		Email	
In order to obtain certificate from a qualified medical practitioner, I confirm the named person suffers from severe mental impairment.			
Name		Date condition first diagnosed	DD/MM/YYYY
How many adults over 18 years old, reside at the property?			

I hereby authorise Royal Borough of Greenwich to contact the qualified medical practitioner to confirm the severely mentally impaired person's status.

Full name (print)		Signature	
Daytime number	Email address	Date	

DECLARATION

I confirm that the information I am about to provide is correct. I understand that any reduction will only be awarded on the basis of my current circumstances, and I will notify Royal Borough of Greenwich of any changes within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed, and I will have to repay any overpaid discounts or exemptions.

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

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

Full name (print)		Signature	
Daytime number	Email address		Date

Please return the completed form AND any supporting evidence to:

Royal Borough of Greenwich, Revenues Section, The Woolwich Centre, 35 Wellington Street, Woolwich, London SE18 6HQ or email: counciltax@royalgreenwich.gov.uk