

# Severe mental impairment: Council Tax discount or exemption application form

You may get a discount or exemption if you or someone you live with is severely mentally impaired. This means a person has “a severe impairment of intelligence and social functioning (however caused) which appears to be permanent”.

## Proof you need to send with this application form

We need a:

- copy of the award letter from the Department for Work and Pensions (DWP) confirming entitlement to one of the benefits for the severely mentally impaired person
- name and practice address of the doctor or qualified medical practitioner for the severely mentally impaired person
- a certified copy of lasting power of attorney if you're applying on behalf of someone with a severe mental impairment

If you're completing this form on behalf of the person who's moved out, we also need either a:

- certified copy of lasting power of attorney
- copy of our Council Tax authority to discuss form. You can download the form at: [royalgreenwich.gov.uk/council-tax-permission](http://royalgreenwich.gov.uk/council-tax-permission)

**Warning: You must pay Council Tax while you wait for us to decide if you're eligible for a discount. If you do not pay, we'll start the Council Tax recovery process.**

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## 1. About your eligibility for this discount or exemption

I or the severely mentally impaired person receives the following benefits (select all that apply):

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

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## 2. About the Council Tax payer

Council Tax account number This is 8-digits. You can find it at the top of your Council Tax bill.	Date the discount or exemption should start
	DD/MM/YYYY
Full name of the Council Tax payer	Full address of the property you're applying for

## 3. About the person who is severely mentally impaired

Full name	Date of birth
	DD/MM/YYYY
Nature of condition	

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## 4. Representative details

Tell us your details if you are completing this form on behalf of the person who's moved out to receive care.

If you do not have lasting power of attorney, you can use our 'Authority to Discuss' form and send it with this application. Download the form at: [royalgreenwich.gov.uk/council-tax-permission](http://royalgreenwich.gov.uk/council-tax-permission)

Full name		Address (if different to the severely mentally impaired person)	
Daytime phone number		Email address	
Should we send future correspondence to the representative?		Does anyone have lasting power of attorney?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes – provide certified copy <input type="checkbox"/> No	

## 5. About the household

Number of people living in the property (including the person with a severe mental impairment)				
Full name	Date of birth	Date moved in	Relationship to the Council Tax payer	Does this person have a severe mental impairment?
1)	DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	DD/MM/YYYY	DD/MM/YYYY		<input type="checkbox"/> Yes <input type="checkbox"/> No

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## 6. GP or qualified medical practitioner contact details

We need the details of the GP or qualified medical practitioner. We cannot consider a discount or exemption without this.

Name of GP or qualified medical practitioner		Address of the practice	
Daytime phone number		Email address	

## 7. Proof required

I have included a copy of all pages of all relevant benefit statements or award letters - these should be from the earliest date possible	<input type="checkbox"/> Yes
I have included the GP or qualified medical practitioner details	<input type="checkbox"/> Yes
I have included a certified copy of lasting power of attorney (if applicable)	<input type="checkbox"/> Yes
I have included a completed Authority to Discuss form (if applicable)	<input type="checkbox"/> Yes

## 8. Declaration

You must read and agree to the terms and conditions of this discount or exemption.

By applying, you confirm that:

- the information you've given on this form is correct and complete
- you agree to tell us straight away about any change in your circumstances that may affect your entitlement
- you acknowledge that providing false information or failing to tell us about a change in your circumstances for the purpose of claiming or retaining a Council Tax reduction or discount is an offence that could result in the Royal Borough of Greenwich issuing court proceedings against you
- you understand that we have a duty to protect the public funds we administer. We may use the information you've provided on this form within this authority for

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

Full name (use capital letters)	Signature	
Daytime phone number	Email address	Date
		DD/MM/YYYY

Send every page of this form, with your proof, to us by email or post to:

Email: [counciltax@royalgreenwich.gov.uk](mailto:counciltax@royalgreenwich.gov.uk)

Royal Borough of Greenwich  
Revenues Service  
The Woolwich Centre  
35 Wellington Street  
London SE18 6HQ

## What happens next

It can take up to 21 days for us to process your application and decide if you're eligible.

We may ask you for more proof. If you're eligible, we'll send you an updated bill.

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.

## Appeal a decision

If you're not happy with our decision you can appeal to us in writing within 28 days. Find out how to appeal, at: [royalgreenwich.gov.uk/appeal-council-tax](http://royalgreenwich.gov.uk/appeal-council-tax)