



East Ayrshire
COUNCIL
Finance Service

COUNCIL TAX DISCOUNT APPLICATION - SEVERELY MENTALLY IMPAIRED

SUBJECT ADDRESS:	
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By law the Council Tax payable may be subject to a discount. Adults who meet the qualifying conditions will be disregarded when counting the number of adults in the property. Discount may be granted for an unlimited period.

QUALIFYING CONDITIONS: SEVERELY MENTALLY IMPAIRED

For Council Tax purposes, someone is considered severely mentally impaired if they have a severe impairment of intelligence and social functioning which appears to be permanent. This includes people who are severely mentally impaired as a result of a degenerative brain disorder such as Alzheimer's disease or other form of dementia. The person must have a certificate of confirmation signed by a registered medical practitioner and stamped by the Medical Practice.

One or more of the following benefits must be in payment:-

1. Incapacity Benefit
2. Attendance Allowance
3. Severe Disablement Allowance
4. The HIGHEST or MIDDLE rate of the Care Component of Disability Living Allowance
5. An INCREASED rate of Disablement Pension for constant Attendance.
6. Disabled Persons Tax Credit, but only if this is because of the prior receipt of Incapacity Benefit or Severe Disablement Allowance or Income Support which includes a disability premium.
7. Disability Working Allowance
8. Unemployability Supplement
9. Constant Attendance Allowance payable under –
(1) The Personal Injuries (Civilians) Scheme 1983; or
(2) The Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983
10. Unemployability Allowance payable under –
(1) The Personal Injuries (Civilians) Scheme 1983 or
(2) The Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983
11. Income Support which INCLUDES a Disability Premium

**COUNCIL OFFICES
JOHN DICKIE STREET
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KILMARNOCK, KA1 1BY
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FAX: 01563 554818**

DISCOUNT : Severely Mentally Impaired - Reference:

SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that

Name _____

meets the qualifying conditions and receives one or more of the following Benefits detailed overleaf:

The benefit received by above named is: _____ and I enclose evidence of this, i.e. a photocopy of the letter of entitlement from the DWP confirming which of the Benefits you currently receive, the date it first became payable and whether it will be paid indefinitely.

I consider Discount should apply from:

If you are making a retrospective claim you MUST enclose a letter of entitlement from the benefits agency which states which benefit was in payment and the date that benefit was paid from.

The number of adults (including the above named) usually resident in the house is

SECTION 2 : TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER

I confirm that in my opinion the above person named in Section 1 suffers from: -

1. Severe impairment of Intelligence	Yes/No *	*Delete as appropriate
This condition appears to be permanent	Yes/No*	
To my knowledge this condition has existed since	_____ / _____ / _____	
2. Severe impairment of social functioning	Yes/No *	
This condition appears to be permanent	Yes/No *	
To my knowledge this condition has existed since	_____ / _____ / _____	

SIGNED: _____

POSITION: _____

DATE: _____

MEDICAL PRACTICE STAMP:

DECLARATION

I declare the information on this form is true and complete and I authorise East Ayrshire Council to verify the details. If discount status no longer applies to the person named in Section 1, or the number of adults in the house increases, I undertake to notify East Ayrshire Council within 21 days of this occurring.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

SIGNATURE _____ DATE _____

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