

# Council Tax Exemption/Reduction: Severely Mentally Impaired

Anyone who is medically certified as being Severely Mentally Impaired (SMI) may be eligible to Council Tax discount. This means that the person will have a permanent condition that severely affects their intellectual and social functioning.

Conditions that can lead to severe mental impairment include Alzheimer’s disease and other forms of dementia, Parkinson’s disease, severe learning difficulties or a stroke, but many others may apply. To be eligible, the person must be diagnosed as SMI by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).

Level of reduction:

- If you have been diagnosed as SMI by a doctor and you are living alone or only with others who are SMI, you will be exempt from paying Council Tax.
- If you have been diagnosed as SMI by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% reduction.
- If you have been diagnosed as SMI by a doctor and you live with 2 or more adults who are eligible to pay council tax there will be no reduction.

## Application form for a reduction

### PART A: Personal information

Full name of person applying to be disregarded:

National Insurance Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

Postcode:	Telephone Number:

Total number of adults (residents over the age of 18) living at this address:

## PART B: Declaration of benefit entitlement

A person may only be exempt or disregarded on the grounds of being SMI if they are entitled to one of the following benefits (whether receiving them or not).

Please tick the relevant box(es):	When were the benefit(s) applicable from?							
<input type="checkbox"/> Incapacity Benefit	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Attendance Allowance	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Severe Disablement Allowance	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Disability Living Allowance (higher or middle rate care component)	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> An increase in disablement pension (as constant attendance is needed)	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Disability Working Allowance	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Income support (which includes a disability premium)	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Employability Supplement or Allowance	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Constant Attendance Allowance	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Personal Independence Payment	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Armed Forces Independence Payment	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Universal Credit (in circumstances where a person has limited capability for work and/or work related activity)	D	D	M	M	Y	Y	Y	Y

If you are receiving or entitled to any of the above benefits, please provide evidence, such as a copy of the award letter or payment document.

## PART C: Doctor or Medical Practitioner's declaration

Name of doctor/medical practitioner:

Contact details of surgery/hospital

Address:

Postcode:	Telephone Number:
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A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. *Local Government Finance Act 1992 (Schedule 1, Paragraph 2)*.

I can confirm the person named in **PART A** is SMI as defined above. (Please tick box)

A Council Tax exemption/reduction may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to be SMI.

Date of Diagnosis:

D	D	M	M	Y	Y	Y	Y
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Doctors signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Official Stamp:

**Note: GPs should not charge for the diagnosis and/or completion of this form.**

*British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).*

## PART D: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicant's signature:

Date:

D	D	M	M	Y	Y	Y	Y
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If you are completing the form on behalf of the applicant, what is their relationship to you?

Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:

Postcode:		Telephone Number:	
E-mail:			

Signature of person acting on applicant's behalf:

Date:

D	D	M	M	Y	Y	Y	Y
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Your application will be processed in accordance with the General Data Protection Regulation (GDPR) 2018. To view further information about GDPR, please visit your local council's website and look at their published privacy notice. You should also notify the council of any change in circumstances.

When you have completed this form and it has been signed by a medical practitioner, please post to:

Council Tax Section  
Civic Centre  
Castle Street  
Merthyr Tydfil  
CF47 8AN

If you have any queries when completing the form please phone: 01685 725000;  
email: [revenues@merthyr.gov.uk](mailto:revenues@merthyr.gov.uk)