

For Office Use	
Our Ref:	
Date received	

Allerdale Borough Council  
 Council Tax Section  
 Allerdale House  
 Workington  
 CA14 3YJ

tel: 01900 702530  
 fax: 01900 702791  
 email: revenues@allerdale.gov.uk



Local Government Finance Act 1992 - Schedule 2  
 Please complete in **BLOCK CAPITALS** and **BLACK INK**

## Council Tax Exemption / Discount Application for Severely Mentally Impaired Persons

Application Details																							
1) Name of person liable to pay Council Tax																							
2) Council Tax account number																							
3) Name of severely mentally impaired person																							
Date of birth	National Insurance Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
4) Address																							
5) Number of adults living at this address																							
6) Which type of reduction are you applying for? (please tick appropriate box)																							
Exemption	<input type="checkbox"/>	50% Discount	<input type="checkbox"/>																				
			25% Discount <input type="checkbox"/>																				
7) What date do you wish to claim from?																							
8) Doctor's name & address (BLOCK CAPITALS)																							
<b>IMPORTANT</b>																							
PLEASE ASK THE DOCTOR TO COMPLETE AND RETURN THE ENCLOSED CERTIFICATE TO US AS SOON AS POSSIBLE																							
9) What benefit or allowance is the mentally impaired person entitled to? (Please tick appropriate box or boxes)																							
Incapacity benefit	<input type="checkbox"/>	Attendance allowance	<input type="checkbox"/>																				
Severe disablement allowance	<input type="checkbox"/>	The care component disability living allowance (payable at the middle or highest rate)	<input type="checkbox"/>																				
Disability working allowance	<input type="checkbox"/>	Unemployment supplement	<input type="checkbox"/>																				
Constant attendance allowance	<input type="checkbox"/>	Unemployment allowance	<input type="checkbox"/>																				
Income support where the applicable amount includes a disability premium	<input type="checkbox"/>																						
If he or she is of pensionable age please also answer the following:																							
Has entitlement to any of the above allowances been lost due because he or she has reached pensionable age?			Yes / No																				
If YES, please state below which allowance has been lost																							

Incapacity benefit		Attendance allowance	
Severe disablement allowance		The care component disability living allowance (payable at the middle or highest rate)	
Disability working allowance		Unemployment supplement	
Constant attendance allowance		Unemployment allowance	
Income support where the applicable amount includes a disability premium			

<b>Declaration:</b>			
I declare that to the best of my knowledge and belief the information given is correct. I undertake to notify the Council if another adult becomes resident in the property.			
Signature of the liable person / or persons completing the form		Date	
Name (BLOCK CAPITALS please)			
Capacity in which signed (e.g. son, mother, brother etc.)			
Address			

**Please now return this form to us, and ask the doctor to forward the medical certificate to us as soon as possible. We will contact the Dept of Work and Pensions to verify entitlement to the appropriate benefit and we will process your claim when all the information we need has been received.**

This matter is being dealt with by:-

Council Tax section

Direct Line : 01900 326260

Fax : 01900 326212

Email : revenues@allerdale.gov.uk



**DOCTOR'S MEDICAL CERTIFICATE**

**APPLICATION FOR COUNCIL TAX EXEMPTION/DISCOUNT  
ON GROUNDS OF SEVERE MENTAL IMPAIRMENT**

Name: ..... Council Tax ref

Address:

Date of birth:            National Insurance no:

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please complete the appropriate section below to help us determine eligibility for Council Tax discount or exemption: -

In my opinion, the person named above **IS** severely mentally impaired and has been so since  
...../...../.....  
Doctor's Signature  
.....

In my opinion, the person named above **IS NOT** severely mentally impaired  
  
Doctor's Signature  
.....

Doctor's full name in block capitals: .....

Surgery/hospital address: .....  
.....

Doctor's status (GP, etc.) .....

Date: .....

(This certificate is for use only in applying for council tax exemption /discount)

This form should now be returned to:    Allerdale Borough Council  
   Council Tax Section  
   Allerdale House  
   Workington  
   CA14 3YJ