

**Local Government Finance Act 1992
Reduction of Council Tax on the grounds of severe mental impairment**

Regarding your recent enquiry.

In order to qualify for a reduction in Council Tax a person must satisfy **ALL** of the following conditions:

- i) He/she is severely mentally impaired:
- ii) He/she is entitled to at least one of the benefits mentioned in 'A' overleaf, (or in the case of benefit which ceases to be payable on reaching pensionable age, has been in receipt of the benefit until it ceased for that reason).
- iii) He/she is stated to be severely mentally impaired in a certificate of a registered medical practitioner.

Please complete this form in **BLOCK CAPITALS**

Applicant's full name: _____
(i.e. name of person who may qualify for exemption)

Address: _____

Date of birth: _____

Number of occupants in property: _____

On behalf of the applicant, please complete sections A and B on the attached form and return both forms to the Council Tax section as soon as possible. I will then, in appropriate cases, seek confirmation on the applicant's behalf of his/her medical condition in accordance with the authorisation at B overleaf. This form should NOT be sent direct to the applicant's doctor.

Email address: counciltax@runnymede.gov.uk
Tel: 01932 425400

A. Declaration of benefit conditions.

Please tick the entries below that apply to the applicant. I declare that :

- the applicant was entitled to an invalidity pension prior to 13 April 1995
- the applicant is entitled to incapacity benefit from 13 April 1995
- the applicant is entitled to a severe disablement allowance
- the applicant is entitled to an unemployability supplement (this relates to industrial injuries)
- the applicant is entitled to an unemployability allowance payable with war disablement pension
- if over the age of 65 the applicant is entitled to attendance allowance at the higher or lower rate
- the applicant is entitled to constant attendance allowance at one of the four rates payable with disablement benefit or war disablement pension.
- the applicant is entitled to a disability living allowance at the higher or middle rate
- the applicant is entitled to Income Support where the applicable amount includes a disability premium from 1 April 1994
- the applicant is entitled to a disability working allowance
- the applicants partner is in receipt of jobseekers allowance which has been increased due to their incapacity for work from 8 January 1997

I enclose evidence of the above entitlements, such as a letter of entitlement indicating the exact date benefit was granted from.

B. Authorisation to the Corporate Head of Finance.

I authorise you to apply to the following Registered Medical Practitioner for a certificate confirming the applicant's medical conditions.

I agree that the certificate should be returned direct to you as the Corporate Head of Finance and I understand that I shall receive a copy, sent to me by the Corporate Head of Finance.

Name of doctor _____

Address of surgery or hospital _____

Signature on behalf of applicant _____ **Date** _____

Relationship to applicant _____

Full name (CAPITALS) _____

Address _____

This will normally be the applicant's General Practitioner.
Any certificate issued will be for use **ONLY** in applying for a reduction of Council Tax.