

**COUNCIL TAX DISCOUNT APPLICATION
SEVERE MENTAL IMPAIRMENT**

ctsmi

**FORM
J**

Local Government Finance Act 1992

To be returned to:

The Head of Revenues & Benefits

At the above address.

Please complete this form

In BLOCK CAPITALS

Applicant's name
(i.e. name of person who is liable for the charge)

Address.....

.....
Name of qualifying person if different from above

On behalf of the qualifying person please complete sections A and B and **return the form to the Head of Revenues & Benefits at the above address** as soon as possible, along with the appropriate evidence (such as a letter of entitlement to benefit). He will then, seek confirmation on the applicants behalf of his/her medical condition in accordance with the authorisation given in section B below. **The form should NOT be sent direct to the qualifying person's doctor.**

A. Declaration on benefit conditions

Please tick the appropriate box or boxes

I declare that the qualifying person is entitled to:

- the care component of a disability living Allowance at the middle or higher rate / PIP
- Incapacity benefit /ESA
- a severe disablement allowance
- an unemployability supplement payable as an Increase to disablement benefit
- an unemployability allowance payable with war disablement pension
- attendance allowance
- constant attendance allowance at one of the Four rates payable with disablement benefit Or was disablement pension
- income support disability premium on the Grounds of incapacity to work
- an increase in the rate of disablement pension
- disability element of the working tax credit

B. Authorisation of Head of Revenues & Benefits

I authorise you to seek on the qualifying person's behalf the certificate set out in Part 2 below from the following registered medical practitioner (normally the qualifying person's own).

I agree that the certificate should be returned direct to you as the Head of Revenues & Benefits, with a copy to be sent to me.

Doctor's name.....

Doctor's surgery/hospital address.....

.....
Signature of person acting on qualifying Person/applicant's behalf.....

Full name

Relationship to qualifying person

Address.....

.....
Date

I enclose evidence of the above entitlements, such as a letter of entitlement

TOTAL NUMBER OF RESIDENT ADULTS LIVING IN THE PROPERTY (i.e. person aged over 18 years).

C. Declaration by Doctor

To be completed by a registered medical practitioner:

I certify that in my opinion the **qualifying person named above**

is Effective date of the condition

Is not (please tick appropriate box)

Doctor's full name

Doctor's status

Doctor's surgery/hospital address

.....
Doctor's Signature Date

Suffering from severe mental impairment for the purpose of Council Tax

TO THE DOCTOR: Please return this form to the address at the top of the page. We will forward a copy to the applicant or his/her representative, and retain this form for our use. The certificate is for the use of applying for a discount from the Council Tax only.

- (1) A person shall be disregarded for the purposes of discount on a particular day if :-
- a) on the day he/she is severely mentally impaired;
 - b) as regards any period which includes the day he is stated in a certificate of a registered medical practitioner to have been or to be likely to be severely mentally impaired;
- and
- c) as regards the day he fulfils such other conditions as may be prescribed by order made by the Secretary of State.
- (2) For the purposes of this paragraph 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.
- (3) The condition prescribed for the purposes of paragraph 1(c) is that the person in question is entitled to one of the qualifying benefits listed in paragraph (4) below.
- (4) The qualifying benefits for the purposes of paragraph (3) are:-
- a) until 12 April 1995 – an invalidity pension under section 33, 40 or 41 of the Social Security Contribution and Benefits Act 1992: from 13 April 1995 – incapacity benefit;
 - b) an attendance allowance under section 64 of that Act;
 - c) a severe disablement allowance under section 68 of that Act;
 - d) the care component of a disability living allowance under section 71 of that Act, payable at the highest rate under section 72(4)(a) or middle rate under section 72(b) of that Act;
 - e) an increase in the rate of his/her disablement pension under section 104 of that Act (increase where constant attendance needed);
 - f) a disability working allowance under section 129 of that Act for which the qualifying benefit is one falling within subsection (2)(a)(i) or (ii) if that section, or is a corresponding Northern Ireland benefit;
 - g) an unemployability supplement under Part I of Schedule 7 to that Act;
 - h) a constant attendance allowance under :-
 - (i) article 14 of the Personal Injuries (Civilians) Scheme 1983; or
 - (ii) article 14 of the Naval, Military and Air forces etc, (Disablement and Death) Service Pension Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument);
 - i) an unemployability allowance under;-
 - (i) article 18(1) of the Personal Injuries (Civilians) Scheme 1983; or
 - (ii) article 18(1) of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument);

Paragraph (j) has effect only from 1 April 1994.

- j) income support where the applicable amount includes a disability premium in respect of which the additional condition in paragraph 12(1)(b) of Schedule 2 to the Income Support (General) Regulations 1987 is satisfied.