COUNCIL TAX DISCOUNT

Income and Awards PO Box 1761 Solihull West Midlands B91 9RR Help line number: 0121 704 8100 Email: council.tax@solihull.gov.uk



Name of Council Tax payer and address (including page)	postcode):		
Council Tax Account no:	Date:		
APPLICATION FOR A COUNCIL TAX DISCOUNT (SEVERELY MENTALLY IMPAIRED)			
Please complete this form in CAPITAL LETTERS and black ink			
PEOPLE WHO ARE SEVERELY MENTALLY IMPAIRE	D		
We can disregard a person for Council Tax if they are severely mentally impaired. For this purpose, a person is severely mentally impaired if their intelligence and their ability to behave in social circumstance is permanently affected.			
To be eligible the person must be diagnosed and medically certified by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).			
This form should be completed and signed by the person what above. Once received, we will then write to the doctor asking	ho is liable for Council Tax and returned to the address shown g them to complete a doctor's certificate.		
If there is more than one severely impaired person living at a person.	this address, please fill in a separate discount form for each		
How many people aged 18 or over live in the property:			

SECTION 1 PERSONAL INFORMATION	
SECTION I PERSONAL INFORMATION	
You must fill in this section.	
Name of the severely mentally impaired person:	
Name of the severely memany impaned person.	
How long has the person lived in this property? (Please give the exact date if this after 31 March 1993)	
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Name and address of the severely mentally impaired person's doctor:	
Name and address of the severely mentally impalled person's doctor.	
SECTION 2 BENEFIT DETAILS	
You must fill in this section.	
Tou must mi in this section.	
Please provide proof of benefit, pension or allowance, confirming the date the benefit was aw	arded.
Which benefits, pensions and allowances is the person entitled to receive?	
(Please tick which apply).	
Incapacity Benefit	
Employment Support Allowance	
Attendance Allowance	
Severe Disablement Allowance	
Covere Disablement, mewanted	
Porsonal Indonondoneo Paymont	
Personal Independence Payment	
Disability Living Allowance (highest or middle rate of care component)	
Disability Working Allowance where the qualifying benefit is Severe Disablement Allowance,	
Incapacity Benefit or (from 1 April 1997) Income Support with a disability premium	
An increase in the rate of Disablement Pension	

Unemployment Supplement Constant Attendance Allowance		
Armed Forces Independence Payments		
The limited capability to work related elements of Universal Credit		
Income Support where this includes a disability premium		
Does the person have a partner who gets Jobseeker's Allowance which has increased because they cannot work?		
SECTION 3 DECLARATION		
You must fill in this section (please tick which applies)		
Name of person filling in the form:		
I am the applicant named on this form		
I am applying for the applicant named on this form		
Do you or anyone else have a Power of Attorney for the applicant? If yes, please supply a certified copy with this application.		
The information and any supporting evidence I have given on this form is true and complete. I will tell you about any change in circumstances within 21 days which may affect this application for a discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.		
I authorise you to ask for a certificate of severe mental impairment from the doctor named on this form.		
Your signature: Date:		
Phone number (Please provide your phone number if you prefer to be contacted by phone):		
Email address (Please provide your e-mail address if you prefer to be contacted by e-mail):		

RETURN COMPLETED FORMS TO: SOLIHULL MBC, INCOME AND AWARDS PO BOX 1761, SOLIHULL, WEST MIDLANDS, B91 9RR

SECTION 4 CHANGES AND REVIEWS

If your claim for a discount or exemption is successful and we reduce your Council Tax, by law you must tell us about:

- Any occupant(s) who move in or out of the property
- Any change in the circumstances of the severely mentally impaired person such as no longer being in receipt of a qualifying benefit or they move house

We will also send you a review form each year which you must fill in and return.

SECTION 5 DATA PROTECTION – FAIR PROCESSING NOTICE

We use the information you provide to work out your Council Tax and to assess entitlement to any reductions, discounts or exemptions applied for.

We may pass this information on to other organisations to confirm details, to protect public funds, prevent and detect fraud and crime or as required by law. We may also share it with other Council services and partner organisations to make sure our records are accurate and to help us identify services you may be entitled to or be interested in (such as free school meals, other benefits, grants and entitlements towards disability, support and care services).

Partner organisations include government departments (such as the Department for Work and Pensions, HM Revenue & Customs and the Home Office), other Councils and private sector organisations such as banks, credit reference agencies and organisations that lend money. For further information please refer to the Council's Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk