



Resources Department/Adran Adnoddau
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Civic Centre, Ebbw Vale, Gwent, NP23 6XB
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COUNCIL TAX - STATUS DISCOUNT APPLICATION FOR PERSONS WHO ARE SEVERELY MENTALLY IMPAIRED

Council Tax Payer.....
Address

Property Reference Number
Account Reference Number
Date Issued

The following Section must be completed by the person who is responsible for paying the Council Tax for the property in which the severely mentally impaired person resides.

Number of Persons over 18 years old resident in the property

Details of person who is severely mentally impaired

- 1) Name
- 2) Date of Birth
- 3) Is this person in receipt of or entitled to one of the following:-
 - a) an incapacity benefit Yes No
 - b) an attendance allowance Yes No
 - c) a severe disablement allowance Yes No
 - d) the care component of a disability allowance, payable at the higher or middle rate Yes No
 - e) an increase in the rate of their disablement pension Yes No
 - f) a disability working allowance Yes No
 - g) an unemployment supplement Yes No
 - h) a constant attendance allowance Yes No
 - i) an unemployability allowance Yes No
 - j) income support where the applicable amount includes a disability premium Yes No
 - k) incapacity benefit Yes No

If you have answered YES to any of the above, please provide proof of receipt or entitlement (e.g payment book, letter of entitlement from The Benefits Agency, etc..)

B) Details of Registered Medical Practitioner

- 4) Doctors Name
- 5) Doctors Address

DECLARATION

- a) I declare that the information given on this form is true and accurate to the best of my knowledge and belief.
- b) I agree to the Council making any enquiries it considers necessary to verify the information included on this form and that I will notify the Council of any change in circumstance which may affect this application
- c) I authorise the Borough of Blaenau Gwent County Council to seek on the applicant's behalf the certificate set out in Part II overleaf from the registered medical practitioner named in B) above and I agree that the certificate should be returned to the Borough of Blaenau Gwent County Council with a copy to me, if required.

Signature Date

Relationship to applicant

Address (if different from the severely mentally impaired person)

Please return this form to the Director of Resources, Council Tax Section, Civic Centre, Ebbw Vale, NP23 6XB.

IF YOU HAVE ANY CHANGE IN CIRCUMSTANCES, YOU MUST NOTIFY THE COUNCIL'S COUNCIL TAX SECTION, AT THE ABOVE ADDRESS, IMMEDIATELY THE CHANGE TAKES PLACE.

PART II

TO BE COMPLETED BY THE REGISTERED MEDICAL PRACTITIONER

(named in B) overleaf)

Please indicate as appropriate

I certify that in my opinion the applicant named in A) overleaf

a) is suffering from

..... Yes No

b) is not suffering from

..... Yes No

severe mental impairment for the purpose of the Local Government Finance Act 1992.

Doctor's Signature

Date

Doctor's Name

(BLOCK CAPITALS)

Address

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