



Revenues Section - Council Tax

Severely Mentally Impaired Application Form

Name

Address

.....

..... Postcode

Office use Only

Reference Number:

Date of Issue:

Please return by:

Enq Id:

Document Type: SMI

Information

If an adult(s) (i.e. a person(s) aged 18 years or over) resident in your property is severely mentally impaired, you may be eligible for a reduction in your Council Tax bill. To qualify, one of the following four conditions must be met:

1. If a severely mentally impaired adult lives **alone** in the property, **exemption** may apply.
2. If **all** adults in the property are severely mentally impaired, **exemption** may apply.
3. If **all** adults in the property are either severely mentally impaired or may be disregarded for the purposes of discount, **50% discount** may apply.
4. If **all but one adult** in the household is severely mentally impaired, **25% discount** may apply.

If the severely mentally impaired adult does not receive any of the benefits detailed in **Part 3**, you will not qualify for discount or exemption and you should not continue to fill in this form.

How to complete this form

If you feel that your household meets one of the conditions noted above, please complete the five parts of this form using BLOCK CAPITALS and **black ink**.

Parts 1, 2 and 3 should be filled in by the **liable person** (the person named on the bill) or the **person assisting you**.

Part 4 should be filled in by your **doctor**.

Part 5 should be filled in by the **liable person** or the **person assisting you**.

If you would like any further information or help in completing this form, please telephone **(01343) 563456**.

Any information given will be treated in the strictest confidence.

Part 1 Occupancy Details

Council Tax account number

Are you the only adult occupant? Yes No

If not, please state the number of **ADULTS** who live with you and give their **FULL NAMES** below.

.....

.....

.....

Do any of these people fall into the following categories? (Please relevant box)

- | | | | |
|----------------|--------------------------|----------------------------|--------------------------|
| Students | <input type="checkbox"/> | Severely Mentally Impaired | <input type="checkbox"/> |
| Apprentices | <input type="checkbox"/> | YTT (YTS, Skill Seekers) | <input type="checkbox"/> |
| Student Nurses | <input type="checkbox"/> | Care Workers | <input type="checkbox"/> |

Part 2 Severely Mentally Impaired Person's Details

The applicant's name is Date of birth
Property address
Which reduction category does the property fall into? 1 2 3 4 (✓ the appropriate box)
Name and address of person assisting you (if applicable)
..... Telephone No.
What is your relationship to the applicant?

Part 3 State Benefits Received (please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Disability Working Allowance |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Higher or Middle rate of Care Component of the Disability Living Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Income Support including a Disability premium |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Disablement pension increase for constant attendance |

Date you started receiving the benefit
Evidence of any of these state benefits should be enclosed with this form.

Part 4 Doctor's Certificate

A reduction may be given to the applicant shown in Part 2 but details of their current medical condition are required. The regulations (Local Government Finance Act 1992, Schedule 1. Section 2-(2)) state that "for the purposes of these regulations a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent."

As the doctor of the applicant, please complete the statement requested below.

In my opinion, from the person named above has been severely mentally impaired.

Signature
Print name
Date
Your status (G.P. etc.)

Official Stamp

Please state a contact name and telephone number should we require further information.

Name Telephone Number

When completed, this form should be returned to the applicant / person assisting the applicant.

Part 5 Declaration By Applicant

I declare that the information on this application is true and correct. Information on this form may be shared between Council departments and other agencies. I undertake to inform you of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature Date
Print Name Telephone No.
Email Mobile No.

Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998.

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**
If you wish further information regarding this form or any other Council Tax query, please contact us by:
Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**