Revenues & Benefits Services

Council Tax

Application for Discount/Exemption - Severely Mentally Impaired



Please use black ink and block capital letters or typescript

Background

The Council Tax due on a property may be discounted or made exempt to reflect the personal circumstances of the adult residents. For the purpose of this reduction, a person who has apparently permanent severe impairment of intelligence and social functioning, as certified by a registered medical practitioner. Adults who meet following requirements shall be disregarded when counting the number of adults in the house. If all adults meet the requirements stated below then exemption will be awarded.

The applicant is receiving one or more of the following state benefits:

- 1. Incapacity Benefit
- 2. Attendance Allowance
- 3. Severe Disablement Allowance
- 4. Middle or higher care component of Disability Living Allowance
- 5. An increased rate of Disablement Pension
- 6. Disabled Tax Credit
- 7. Daily living component of Personal Independence Payment
- 8. An Unemployability Supplement to Industrial Injuries Benefit
- **9.** Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Force etc., (Disablement & Death) service Pension Order
- 10. An Unemployability Allowance under the legislation in 8 above
- 11. Income Support which includes a Disability Premium on the grounds of incapacity for work

In order to claim a discount/exemption, please complete Section 1, ask your Registered Medical Practitioner to complete Section 2 where applicable, sign the declaration on Page 2 and return the form to the address at the bottom of the page along with the appropriate supporting documentation.

Applicant Details							
Name		uncil Tax ference					
Droporty Addrops	Ne	ileTeTICe					
Property Address							
Section 1: To be completed by the applicant							
I apply for a reduction on the basis that the resident named below fulfils one of the requirements as defined above.							
Name		Date of Birth					
The number of adults (including the above named) usually resident in the house is							
Please attach proof of benefit when completing form i.e. original letter from D.W.P showing benefit payable							
<u> </u>		·	·				

Section 2: To be completed by Registered Medical Practitioner									
I confirm that the person named in section 1 suffers from the following conditions which appear to be permanent.									
Severe impairn	nent of intelligence	Yes 🗌			No 🗆				
Severe impairn functioning	nent of social	Yes			No 🗆				
To my knowledge this condition has existed since (insert date)									
Medical Practice Stamp			Cianatura						
			Signature						
			Position						
			Date						
1 1									
Declaration									
I declare that the information supplied on this form is true, complete and correct to the best of my knowledge and that I will notify the Council within 21 days of any change in circumstances which may affect my liability i.e. status no longer applies or the number of adults increases/decreases. I understand that failure to provide this information is an offence which may make me liable to an initial penalty of £50 and then £200 for each subsequent offence. I understand that any discount awarded as a result of misleading statements deliberately given on this form will be recovered in full. I understand that to deliberately provide false information is a criminal offence and may result in prosecution.									
Signature				Date					
Email Address				Daytime	e Telephone No.				

Data Protection Act and General Data Protection Regulations ("GDPR")

East Dunbartonshire Council holds, uses and processes information in accordance with the General Data Protection Regulations and all other relevant national data protection laws. Your information may be shared with other departments within East Dunbartonshire Council or other organisations for the purposes of administering and collecting council tax and applying relevant reductions, discounts and exemptions; checking the information we hold is accurate; preventing and/or detecting crime and protecting public funds. Other organisations may include bodies responsible for auditing or administering public funds or conducting data checks, other councils, public sector agencies, governmental departments, regulatory and law enforcement bodies and other private companies or entities (such as credit reference agencies, service providers/contractors and/or partner bodies).

For further information detailing how East Dunbartonshire holds and uses your information please refer to the privacy notice enclosed with this form. Details are also available on our website at: http://www.eastdunbarton.gov.uk/counciltax

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tTelephone0300 123 4510

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。

اس وستاويز كادرخواست كرنے ير (اردو) زبان ميں ترجمه كيا جاسكتا ہے۔ براومهر بانی فون نبر 4510 123 0300 بررابطة كريں۔

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।