Horsham District Council

Horsham Revenues and Benefits
PO Box 5327
Civic, 1 Saxon Gate East
Central Milton Keynes
MK9 3ZA

COUNCIL TAX EXEMPTION/DISCOUNT FOR PROPERTIES OCCUPIED BY SEVERELY MENTALLY IMPAIRED PERSON(S)

Accepted forms of benefit proof:

- Incapacity Benefit.
- Attendance Allowance.
- Severe Disablement Allowance.
- The Care Component of a Disability Living Allowance (DLA), payable at the middle or highest rate.
- An increase in the rate of Disablement Pension, where constant attendance is needed.
- Disability element of Working Tax Credit.
- Un-employability Supplement.
- Constant Attendance under an industrial injuries or war pension scheme.
- Un-employability Allowance under an industrial injuries or war pension scheme.
- Income Support where the applicable amount includes a disability premium.
- Incapacity Benefit.
- The standard or enhanced rate of the daily living component of Personal Independence Payment (PIPs).
- Employment Support Allowance (Income Related or Contributory ESA).
- Armed Forces independence payment.
- Universal Credit (including an amount due to limited capability for work or limited capability for work and work-related activity).

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Part 1: Complete this part of the form and send it to the Council at the address above.

SECTION 1 – DETAILS OF THE PERSON WHO IS SEVERELY MENTALLY IMPAIRED	
Forename	
Surname	
Date of Birth	
Date discount disregard required from	
Relationship of dependent relative(s)	
ENTITLEMENT	
Please circle the appropriate **PROOF OF BENEFIT/ENTITLEMENT MUST BE PROVIDED WITH THIS APPLICATION. APPLICATIONS LACKING SUFFICIENT PROOF CANNOT BE PROCESSED.**	• Short-term or Long-term Incapacity Benefit/ESA (on the grounds of illness or disability • Attendance Allowance • Severe Disablement Allowance • The middle or higher rate care component of Disability Living Allowance • Increase in Disablement Pension where constant attendance is needed • Disability element of Working Tax Credit • Constant Attendance Allowance payable under the Industrial Injuries of War
Please give the date the allowance commenced	
SECTION 2 – HOUSEHOLD DETAILS	
Number of people aged 18 or over resident in the applicant's property	
Number of people aged 16 or 17 in the applicant's property	
Please list their name(s) and Date(s) of Birth	

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DECLARATION

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Full Name	
Signature	
Date	
Telephone	

Information will only be used by Horsham District Council and its employees in accordance with Data Protection Act 1998. Horsham District Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.

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Part 2: Complete section 1 of the form and take it to your medical practitioner

Account Reference	
Property Reference	
Date of Issue	

This form is to be returned within 21 days

SECTION 1 – AUTHORISATION OF REVENUES AND BENEFITS *I authorise you to seek, on my/the applicant's behalf, a certificate from the following registered medical practitioner**	
Doctor's Name	
Doctor's Surgery (or hospital)	
Address of Surgery (or hospital)	
Signature of person acting for the applicant	
Relationship to Applicant	
Address	
Telephone Number	
Date	

I agree that the Medical Practitioner should return this certificate direct to the Head of Revenues and Benefits if I am unable to do so myself.

**This will normally be the applicant's General Practitioner. Any certificate issued will be for use ONLY in applying for a disregard for Council Tax discount purposes.*

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Name of Applicant	
Applicant's Address	

SECTION 2 – TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

The definition of severely mentally impaired, under the 1992 Local Government Finance Act, is as follows:

'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'.

Any medical certificate for Council Tax purposes must be based on this definition and not on any other medical view of mental impairment.

I certify that in my opinion, the applicant named above is/is not (please delete as applicable) suffering from severe mental impairment for the purposes of the Local Government Finance Act 1992.

Date the above applicant became severely mentally impaired	
Doctor's Signature	
Doctor's Full Name (BLOCK CAPITALS)	
Doctor's Status	
Date	
Doctors Stamp	STAMP HERE