

Corporate and Customer Services | Revenues

P O Box 10505, Wood Green, London, N22 7WJ

Tel: 020 8489 1000

www.haringey.gov.uk/council-tax

Assistant Director | Corporate and Customer Services: Andy Briggs

**APPLICATION FOR REDUCTION – SEVERELY MENTALLY IMPAIRED****Read the information overleaf before completing this form.**

Complete this application in respect of any person(s) who should be disregarded for Council Tax purposes because they are Severely Mentally Impaired.

COUNCIL TAX ACCOUNT NUMBER			
Name of taxpayer			
Address of property			
Total number of adults in the property			
PERSONS TO BE DISREGARDED			
Full name	(1)	(2)	(3)
Qualifying benefit(s) they receive (see notes overleaf)			
Date benefit(s) started			
Name, address and telephone number of doctor (who has knowledge of the person(s) to be disregarded)			
You must give us evidence of the qualifying benefit(s) detailed above. If there are more relevant persons in the property use a separate sheet of paper to give us all the information we need.			

Return the completed form together with the enclosed doctor's certificate for Council Tax purposes and proof of the qualifying benefit(s).

Email: Council.Tax@haringey.gov.ukPost: PO Box 10505
Wood Green
London
N22 7WJ

SEVERELY MENTALLY IMPAIRED

The full Council Tax bill assumes there are two adults living in a property. However, for Council Tax purposes certain people are not counted when looking at the number of adults living in a property.

- If all adults in the property are Severely Mentally Impaired, there is a 100% exemption.
- If all but one adult in the property are Severely Mentally Impaired, there is a 25% discount.
- If all adults in the property are Severely Mentally Impaired and full-time carers, there could be a 50% discount – see our website for further details: <https://www.haringey.gov.uk/council-tax-and-benefits/council-tax/council-tax-reductions/council-tax-discounts#carers>

Frequently asked questions

Q. How is 'severely mentally impaired' defined?

A. Based on the Local Government Finance Act 1992, 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.

Q. What does this mean in practical terms?

A. A person will be disregarded on grounds of being severely mentally impaired if:

(i) He/she is entitled to one of the following benefits:

- Attendance allowance or constant attendance allowance
- Care component of a disability living allowance
- Daily living component of personal independence payment
- Severe disablement allowance
- Incapacity benefit or income support with a disability premium
- Unemployability allowance supplement
- Working tax credit with a disability element
- Universal Credit if it includes an element for limited capacity for work and work related activity
- Pension credit or Increase in the rate of disablement pension where constant care is needed
- Armed Forces Independence Payment

AND

(ii) He/she is confirmed as being severely mentally impaired by a registered medical practitioner.

Q. What should I do if a person I am applying for does not get any of the benefits listed above but I think they may be entitled to one?

A. If you would like more information about any of the benefits listed above contact the Department for Work and Pensions (DWP).

Q. How do I apply for this Council Tax discount?

A. Complete all parts of this form and return it to the email or postal address shown in this letter.

Q. For how long will the discount apply?

A. For as long as there are less than two adults in the property who are not disregarded. You must tell us if there is any change in these circumstances. Failure to do so may result in a penalty being imposed.

Data Protection

The information provided on this form and from any supporting evidence you give us will be used by the Council to update our records. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you, or information about you provided by a third party, with other information we hold. We may also get information from certain third parties or share our information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

Although you are not obliged to give us this information, the Council will be unable to assess your eligibility for a discount unless you do so.

You have the right to request access to personal information that the Council holds about you and to have any inaccuracies corrected. If you wish to do this, you may make a subject access request:

<https://www.haringey.gov.uk/contact/information-requests/data-protection>

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Give this form to your doctor to confirm you are happy for them to provide medical information to us and return it together with your completed application and evidence of the qualifying benefit(s) to:

Council.Tax@haringey.gov.uk or PO Box 10505, Wood Green, London, N22 7WJ

Declaration and Authorisation

Name of mentally impaired person: Account number:

Council Tax address:

I declare that to the best of my knowledge and belief, the information I have provided on my request for a reduction in Council on the grounds of severe mental impairment is true, accurate and complete and authorise the council to use this information to support my application.

I give my permission for the Council to approach my Medical Practitioner(s) in order to verify the grounds for disregarding the person(s) shown.

Signed Print name

Date

If you are not the mentally impaired person, you will need to provide evidence such as a copy of power of attorney to show that you are authorised to act for them.

Council Tax Severe Mental Impairment Doctor's Certificate

TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER

I certify that in my opinion the applicant named above **is / is not** (please cross out as applicable) suffering from a severe impairment of intelligence and social functioning (however caused) which appears to be **permanent** with effect from (date)
Doctor's signature
Doctor's full name (block capitals):
Doctor's status:
Date:/...../.....

Doctor's Official Stamp	
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