

Council Tax Department
Newcastle under Lyme Borough Council
Castle House
Barracks Road
Newcastle under Lyme
Staffordshire
ST5 1BL



Your Name: _____

Your Current Address: _____

Date: _____
Property Ref: _____
Account Ref: _____
Benefit Ref: _____

SEVERELY MENTALLY IMPAIRED DISCOUNT/EXEMPTION

Number of person's 18 and over in the property:

ABOUT THE PERSON WHO IS SEVERELY MENTALLY IMPAIRED

Name: Date of Birth:

- If there is more than one severely mentally impaired person in the property, please complete one form per person.
- From the list below, please indicate which benefit they get or qualify for.

YOU MUST PROVIDE THE AWARD LETTER. If they qualify but do not claim any of these benefits, please request a letter from the DWP which confirms their entitlement. Please return a copy of either their award letter or the DWP entitlement letter with this form.

Personal Independence Payments (PIP) (standard and enhanced rate)

Employment and Support Allowance (ESA)

Attendance Allowance (AA)

Severe Disablement Allowance (SDA)

Care Component of Disability Living Allowance (DLA) (highest of middle rate)

An Increase in Disablement Pension for Constant Attendance.

Disabled Person's Tax Credits (following prior entitlement to Incapacity Benefit or Severe Disablement Allowance OR Income Support from 1 April 1997 which included the Disability Premium due to the claimant's incapacity for work)

Un-employability Supplement (abolished in 1987, existing claimants remain entitled.)

From 1 April 1994, Income Support (IS) which includes a Disability Premium because of the claimant's incapacity for work.

Constant Attendance Allowance payable under Industrial Injuries or War Pension Schemes

Un-employability Allowance payable under Industrial Injuries or War Pension Schemes

We may be able to back date the claim so please give the date the benefit started from:

ABOUT THEIR DOCTOR

The law says we must get a doctor's Certificate to prove severe mental impairment. This doctor can be a GP, Consultant or another medically qualified person who knows about the impairment.

Name of Doctor/Consultant:

Surgery/Hospital Name and Address:

Please sign and date to allow us to ask this doctor for a Certificate. (The Certificate will only be used for this discount)

--	--	--

Your full name

Signature

Date

CONSENT

If you are filling in this form for the Severely Mentally Impaired person, please provide your details below.

Your name:

Your Address:

Your relationship to the severely mentally impaired person?

DECLARATION

I declare that the information given on this form is correct to the best of my knowledge and that there are no other changes to my circumstances. I am aware that to make a false statement is a serious offence and it is the Council's policy to prosecute where any statement can be proven to be false. In certain circumstances a penalty may be imposed where a false statement leads to a loss by the Council.

Name: _____

Signature: _____

Tel: _____

Email: _____

Date: _____

Received by: _____

Date: _____

(Customer Services Clerk)

For more information telephone: 01782 715500 or email: counciltax@newcastle-staffs.gov.uk

General Data Protection Regulations: Your right to privacy is very important to us and we recognize that when we collect, use or store your personal data you trust us to act in a responsible manner. For a full explanation of how Newcastle under Lyme Borough Council uses your data and what your rights are, please read our privacy notice at <https://www.newcastle-staffs.gov.uk/all-services/advice/privacy-notice>