

# Newcastle-under-Lyme Borough Council

## Revenues and Benefits

### Council Tax - SMI Discount/Exemption



Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property ref. \_\_\_\_\_

Account ref. \_\_\_\_\_

**If there is more than one SMI person in the property please complete one form per person.**

From the list below please tick which benefit they get or qualify for.

Incapacity benefit (IB) (either short-term IB, long-term IB or long-term IB for widows and widowers).

Attendance allowance (AA).

Severe disablement allowance (SDA).

The highest or middle rate care component of disability living allowance (DLA).

An increase in disablement pension for constant attendance.

Disabled persons tax credit, but only if this is because of the prior receipt of IB or SDA or from 1 April 1997 income support which included a disability premium paid because of the claimant's incapacity for work.

Unemployability supplement (this was abolished in 1987 but existing claimants remain entitled).

Constant attendance allowance payable under the industrial injuries or war pension schemes.

Unemployability allowance payable under the industrial injuries or war pension scheme.

From 1 April 1994 income support which includes a disability premium because of the claimant's incapacity to work.

We may be able to backdate the claim so please give the date the benefit started (DD/MM/YY).

\_\_\_\_\_

If you qualify for any of these benefits but do not claim them ask your local DSS for a letter which says you qualify for one of them. Return the letter with this form.

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.

Please give the name of the doctor/consultant.

\_\_\_\_\_

Date of birth of the severely mentally impaired person (DD/MM/YY). \_\_\_\_\_

Please complete the rest of the form overleaf.

Address of the surgery/hospital.

  
  
  

Please sign and date to allow us to ask this doctor for a certificate.

(The certificate will only be used for this discount).

If you are filling in this form for the severely mentally impaired person also tell us your name and address.

  
  
  

What is your relationship to the severely mentally impaired person?

## Declaration

**I declare the information given on this form is correct to the best of my knowledge and I will inform the council if I cease to be eligible for discount.**

Name

Signature

Date (DD/MM/YY)

Telephone number

E-mail

For more information please call 01782 715500  
or e-mail [counciltax@newcastle-staffs.gov.uk](mailto:counciltax@newcastle-staffs.gov.uk)

Once you have completed this form please return it to:

Revenues and Benefits  
Civic Offices, Merrial Street, Newcastle-under-Lyme, Staffs, ST5 2AG