

Account Ref:

SECTION 1 – DETAILS OF THE PERSON WHO IS SEVERELY MENTALLY IMPAIRED

Surname	
Forename(s)	
Date of birth	
Date discount disregard required from	

Entitlement	Please ✓
(a) Short-term or Long-term Incapacity Benefit/ESA (on the grounds of illness or disability)	
(b) Attendance Allowance	
(c) Severe Disablement Allowance	
(d) The middle or higher rate care component of Disability Living Allowance	
(e) Increase in Disablement Pension where constant attendance is needed	
(f) Disability element of Working Tax Credit	
(g) Constant Attendance Allowance payable under the Industrial Injuries or War Pension schemes	
(h) Income Support which includes a disability premium on grounds which include incapacity for work	

PLEASE GIVE THE DATE THE ALLOWANCE COMMENCED

SECTION 2 – HOUSEHOLD DETAILS

Number of people aged 18 or over resident in the applicants property <input type="text"/>	Number of people aged 16 or 17 resident in the applicants property <input type="text"/> Name(s)..... Date(s) of birth.....
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PLEASE DO NOT FORGET TO ENCLOSE PROOF OF THE RELEVANT BENEFIT/PENSION/ALLOWANCE

SECTION 3 – DECLARATION AND SIGNATURE

Upon completion, this form should be returned to **Mid Sussex District Council Revenues and Benefits, PO Box 10607, Nottingham, NG6 6DU** or by email to revenue@midsussex.gov.uk.

Please note: Information will only be kept in accordance with the General Data Protection Regulation and the Data Protection Act 2018. Mid Sussex District Council will not supply information to any other organisation or individual except to the extent permitted by law in carrying out any of its functions. Please refer to our privacy notice on our website at <https://www.midsussex.gov.uk/about-us/privacy-notice> for further details.

I declare that the information I have given on this form is complete and accurate to the best of my knowledge

Signature..... Date.....

Full Name..... **Contact Number.....

Email address..... **not obligatory but may help in case of query**

COUNCIL TAX DISCOUNT - SEVERELY MENTALLY IMPAIRED

Property Address:	Date of Issue:
	Account Reference:
	Property Reference:
	To be returned within 21 days

Please complete part 1 of this form and then forward to the Medical Practitioner to complete Part 2.

PART 1 - AUTHORISATION OF HEAD OF REVENUES & BENEFITS

Name of applicant:

Applicant's address:

I authorise you to seek, on 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):

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.

Signature of person acting for the applicant:

Relationship to applicant:

Address:

Telephone number:

Date:

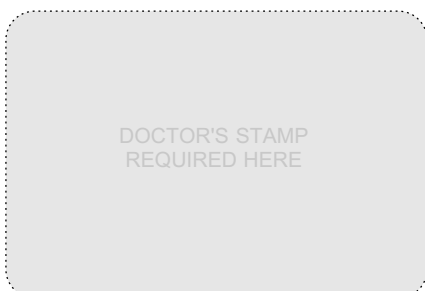
**This will normally be the applicant's General Practitioner. Any certificate issued will be for use ONLY in applying for a disregard for Council Tax discount purposes.*

PART 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: