

Council tax and benefit enquiries	01395 517446
All other EDDC enquiries	01395 516551
Open Monday to Friday 8:30am to 5:00pm	

Knowle
Sidmouth
EX10 8HL
www.eastdevon.gov.uk



Account number	
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Council Tax Discount or Exemption Form because of Severe Mental Impairment

To qualify for this reduction, a person must be entitled to one of the benefits shown in **Part 5**. **Part 7** must be filled in and signed by the doctor. When you have completed the form, please send it back to the address above **together with evidence of entitlement to one of the qualifying benefits.**

Part 1 - What is the name of the council tax payer?		
Title:	Forename:	Surname:

Part 2 - What is the address of the property for which you are claiming the reduction ?

Part 3 - How many people over 18 years of age live at this address?	
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Part 4 - What is the full name of the resident who is severely mentally impaired?

Part 5 - Please tick (✓) which benefits the person named in Part 4 is entitled to.		✓
1.	Incapacity Benefit	
2.	Attendance Allowance or Constant Attendance Allowance	
3.	Severe Disablement Allowance	
4.	Care Component of Disability Living Allowance	
5.	Increase in the rate of disablement pension	
6.	Disability Working allowance	
7.	Unemployment Supplement or Unemployability Allowance	
8.	Income Support where the applicable amount includes a disability premium	

You must enclose evidence of entitlement to any of these benefits with your application form.

Please continue to Parts 6 and 7

Part 6 - Declaration – fill in either A or B (If you need help, please call 01395 517447)

A. The applicant

I confirm that the information I have given on this form is correct. If my application for the reduction is granted, I agree to let you know immediately if the circumstances change and I cease to be eligible.

Name (print) Signature

Date: Email

B. A person acting on behalf of the applicant

I confirm that the information I have given on this form is correct. If the reduction is granted, I agree to let you know immediately if the circumstances which give rise to the reduction change.

Name (print) Signature

Address:

Relationship to the applicant:

Contact telephone number: Date:

The certificate below must be completed by the doctor (there should be no charge).

Part 7 - Doctor's Certificate

For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if s/he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Full name of applicant: (print)

In my opinion, the person named in Part 4 above is severely mentally impaired and has been since:

Date:

Doctor's signature and status (GP, Consultant etc)

.....

Doctor's full name and surgery/hospital address:

.....

Date of signing:.....



To request this information in an alternative format or language please call 01395 516551 or email csc@eastdevon.gov.uk

We consider requests on an individual basis

The Council processes information in accordance with the Data Protection Act 1998. We may use it in the administration and provision of any of our services. We may also share information for the purposes of preventing and detecting fraud. If you want to know more about how we hold, or use, information about you, please contact the Data Protection Officer at the address on the front of the form, or visit: www.eastdevon.gov.uk/national_fraud_initiative