



SEVERELY MENTALLY IMPAIRED APPLICATION FORM

PART A – BE TO BE COMPLETED BY/ ON BEHALF OF THE APPLICANT

Name of applicant:
Address of applicant:

Date of birth:
Telephone number:

Council Tax account reference number:

Name of person completing form on behalf of applicant:

Relationship to applicant:

Signature:

I declare that the applicant is in receipt of (or has made a claim for) one of the following qualifying benefits. **Please write next to the benefit the date it was awarded:**

- Employment Support Allowance
- A severe disablement allowance
- An increase in the rate of a disablement pension
- An un-employability allowance payable with war disablement pension
- Attendance allowance at the higher or lower rate

- Constant attendance allowance at one of the four rates payable with disablement benefit or war disablement pension
- Income Support which includes a disability premium
- A disability working allowance
- An un-employability supplement
- The middle or higher care component of a disability living allowance or standard or enhanced rate of the daily living component of Personal Independence Payment (PIP)
- Universal credit (including an element where a person has a limited capability for work/and or work related activity)

(Please ensure relevant proof of Benefit or underlying entitlement to one of the above is provided with your application)

PART B – TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

Doctor's Surgery/Hospital address:

Doctors name:

Patients full name:

I certify that in my opinion the applicant named in Part A of the form above **is** suffering from severe mental Impairment of intelligence and social functioning which appears permanent from __/__/ (date diagnosed).

I certify that in my opinion the applicant named in Part A of the form above **does not** meet the definition of severely mentally impaired for Council Tax purposes because

.....

Doctor's signature:

Doctor's full name in block capitals:

Doctor's status:

Date:

Doctors surgery stamp:

Notes for Doctor: For council tax purposes the phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. This is not the same definition of 'severe mental impairment' in the Mental Health Act 1983 and being classified as 'severely mentally impaired' for council tax purposes does not affect the right to vote or to be included in the electoral register, which is compiled separately.

RETURN COMPLETED FORM TO THE BELOW ADDRESS OR EMAIL

Email: CTaxEnquiries@warwickdc.gov.uk

Post: Council Tax Team, Finance, Warwick District Council, Town Hall, Parade, Royal Leamington Spa, CV32 4AT

NOTES FOR APPLICANT

Please ensure that this form and proof of benefit and doctors' certificate are sent back for us to review. If you have made a claim for one of the qualifying benefits above and are waiting to hear back from them, please send in proof that you have made the claim. We will not apply the exemption to your account until your claim has been awarded, but we will backdate it to the date of award. Please send proof of your award to us as soon as you have it.

PREVENTION AND DETECTION OF FRAUD

Failure to notify the council of a change in circumstance, or claiming a discount or exemption which you're not entitled to, is an offence and could result in a criminal prosecution.

CHANGES TO CIRCUMSTANCES

If at any stage the applicant no longer resides at the property they have applied for this exemption at, or they are no longer entitled to claim this exemption as they are no longer entitled to a qualifying benefit or their diagnosis changes you must inform us as soon as possible.

COUNCIL TAX FAIR PROCESSING NOTICE

How we will use your information: The information that you provide will be processed in accordance with the provisions of the Data Protection Act 1998 and relevant legislation. This authority has a duty to protect public funds it administers, and may use information held about you for the prevention and detection of fraud and other lawful purposes. This may include, but not be limited to, matching council tax data with electoral registration records. The council will also use the information for the purpose of performing any of its statutory enforcement duties. It will make any disclosures required by law and may also share this information with other bodies responsible for detecting/preventing fraud or auditing/administering public funds. We will not disclose your personal information to third parties for marketing purposes.