Email: localtaxation@cravendc.gov.uk

**Application for Exemption for Severely Mentally Impaired Person**

This form is for claiming an exemption for a property where all the occupants are mentally impaired. If you need any help in completing the form, please ring our Customer Services Team on the above number. In order to claim the full exemption we will need a separate form completed for each person.

Please confirm how many adults (aged 18 or over) are living in the property

Please provide full names of all the adults living in the property:

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**We will need to see proof of the benefits you receive – see details on the next page**.

**Explanation of Severely Mentally Impaired**

A person is severely mentally impaired if they have a severe impairment of intelligence and social functioning which appears to be permanent. For Council Tax purposes they must also be in receipt of one of the benefits listed on the next page.

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|  |
| **Application details** | Council Tax account ref: |   |  |  |
|  |
|  |
| Please give the name of the person who is Severely Mentally Impaired |   |  |
|  |
| **Benefits and allowances** |
| Please tick the relevant box(es) **and provide proof of these**: |
|  |  |  | Amount (£) |  | Frequency |  | Date Awarded |  |
|  | [ ]  | Incapacity Benefit |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Attendance Allowance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Personal Independence Payments |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Severe Disablement Allowance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Care component of Disability Living Allowance (at highest or middle rate) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Disablement Pension with an increase due to constant attendance needed |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Constant Attendance Allowance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Unemployability Supplement/Allowance |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Income Support (where the applicable amount includes a disability premium) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | A person who would have received one of the above benefits had they not reached pensionable age  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | [ ]  | Disability Working Allowance (there are additional conditions when this benefit is payable - we will contact you further if this is payable) |  |  |  |  |  |  |
|  | [ ]  | Employment Support Allowance (ESA). |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| **Getting A Certificate** |
| A certificate from a doctor is required stating the person is severely mentally impaired.To obtain a certificate I need to approach the doctor of the person who is severely mentally impaired.If the person is in agreement please supply the following details: |
|  |
| Name of Doctor |  |  |
|  |  |  |
| Address of surgery |  |  |
|  |  |  |
| Tel number of surgery |  |  |
|  |  |  |

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| **Declaration** |
|  | I declare that the information I have given on this form is true and accurate.I will tell Craven DC if there is any change of circumstances at my home.Failure to notify Craven District Council of such changes could lead to a penalty being imposed. |  |
|  |  |  |
| Signed |  | Date |  |  |
|  |  |  |  |  |

**The General Medical Services Committee of the BMA has agreed that for the purpose of the Act, Medical Certificates should be issued without charge to the applicant or his representative. The regulations were amended to add the Certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1st April 1993**