

Council Tax Exemption/Discount for persons with a Severe Mental Impairment



A person who has a Severe Mental Impairment (SMI) of their intellectual and social functioning that appears to be permanent may be eligible for a Council Tax exemption or to be disregarded in establishing the entitlement of another person to a council tax discount.

To be eligible, the person must be diagnosed as SMI by a Registered Medical Practitioner and must also be entitled to one of the benefits listed on this form.

Conditions that can lead to severe mental impairment include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. Having one of these conditions does not in itself mean that a person will be diagnosed as SMI by a Registered Medical Practitioner.

Council Tax Exemption/Discount:

- If you have been diagnosed as SMI by a Registered Medical Practitioner and you are living alone or only with others who are SMI, you will be exempt from paying Council Tax.
- If you have been diagnosed as SMI by a Registered Medical Practitioner and you live with one other adult who is eligible to pay council tax, your household will receive a 25% discount.
- If you have been diagnosed as SMI by a Registered Medical Practitioner and you live with 2 or more other adults who are eligible to pay council tax there will be no discount.

Application form for Exemption/Discount

PART A: Personal information

Full name of person applying to be disregarded:

National Insurance Number:

--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--

Council Tax Account Number:

Address:

Postcode:	Telephone Number:

Total number of adults (residents over the age of 18) living at this address:

PART B: Declaration of benefit entitlement

A person may only be exempt or disregarded on the grounds of being SMI if they are entitled to one of the following benefits.

Please provide evidence, such as a copy of the award letter or payment document.

Please tick the relevant box(es):

<input type="checkbox"/>	Incapacity Benefit (Short or Long Term)
<input type="checkbox"/>	Attendance Allowance
<input type="checkbox"/>	Constant Attendance Allowance paid with a War Pension
<input type="checkbox"/>	Disability Living Allowance (middle or higher care component)
<input type="checkbox"/>	Increase in disablement pension (due to constant attendance being needed)
<input type="checkbox"/>	Adult Disability Payment (standard or enhanced rate daily living component) *
<input type="checkbox"/>	Child Disability Payment (middle, or higher rate care component) *
<input type="checkbox"/>	Working Tax Credits that includes a disability element
<input type="checkbox"/>	Income support (which includes a disability premium)
<input type="checkbox"/>	Personal Independence Payment (daily living component)
<input type="checkbox"/>	Armed Forces Independence Payment
<input type="checkbox"/>	Employment and Support Allowance
<input type="checkbox"/>	Universal Credit (in circumstances where a person has limited capability for work and/or work-related activity)
<input type="checkbox"/>	Unemployability Supplement or Allowance paid with a war pension
<input type="checkbox"/>	Severe Disablement Allowance

* Or short-term assistance paid in lieu of Child Disability Payment/Adult Disability Payment

PART C: Medical Practitioner's declaration
(to be completed by the Registered Medical Practitioner)

Name of doctor/medical practitioner:

--

Contact details of surgery/hospital Address:

Postcode:	Telephone Number:
-----------	-------------------

A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. Local Government Finance Act 1992 (Schedule 1, Paragraph 2).

Yes No

I can confirm the person named in PART A is SMI as defined above. (Please tick box)

--	--

A Council Tax exemption/discount may be backdated to the point of diagnosis if the applicant was already in receipt of a qualifying benefit . For the purposes of this form, please enter the first point at which you would consider the patient to be SMI.

Date of Diagnosis:

--	--	--	--	--	--	--	--

Medical Practitioner's signature:

--

Date:

--	--	--	--	--	--	--	--

Official Stamp:

--

Note: GPs must not charge for the diagnosis and/or completion of this form.
British Medical Association, The National Health Service (General Medical Services

PART D: Applicant's declaration

I accept responsibility for the information given in this form, and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicant's signature:

Date:

--	--	--	--	--	--	--	--

If you are completing the form on behalf of the applicant, what is your relationship to them?

Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:

Signature of person acting on applicant's behalf: Date:

--	--	--	--	--	--	--	--

When you have completed this form and it has been signed by a registered medical practitioner, please post to your local authority's council tax department at: East Lothian Council, John Muir House, Haddington, EH41 3HA.

Your application will be processed in accordance with the General Data Protection Regulation (GDPR) 2018. To view further information about GDPR, please visit your local council's website and look at their published privacy notice. You should also notify the council of any change in circumstances.

East Lothian Council uses the personal data you provide for purposes associated with the delivery of our services. For more information go to www.eastlothian.gov.uk/privacyst

Personal data will be retained in line with East Lothian Council's retention policies. For more information contact Data Protection Officer, East Lothian Council, John Muir House, Haddington, EH41 3HA. Email: dpo@eastlothian.gov.uk
For further information refer to our website www.eastlothian.gov.uk/counciltax