



Name _____

Subject Address _____

Council Tax Reference Number _____

COUNCIL TAX DISCOUNT APPLICATION - SEVERELY MENTALLY IMPAIRED

Dear Sir/Madam

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the undernoted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please complete the form overleaf, attach any confirmation of income etc, sign the declaration and return the form to the address shown below.

QUALIFYING CONDITIONS: SEVERELY MENTALLY IMPAIRED

A person who has an apparently permanent severe impairment of intelligence and social functioning, as certified by a registered medical practitioner, and who is receiving one or more of the following state benefits:

1. Incapacity Benefit
2. Employment Support Allowance
3. Attendance Allowance
4. Severe Disablement Allowance
5. The highest or middle rate care component of Disability Living Allowance(DLA)
6. An increased rate of Disablement Pension
7. Disabled Person's Tax Credit
8. Unemployability Supplement
9. Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc, (Disablement & Death) Service Pension Order
10. An Unemployability Allowance under the legislation in 8 above
11. Income support which includes a disability premium

Yours faithfully

JUDY ORR

Head of Customer & Support Services

Data Protection Fair Processing Notice: Argyll and Bute Council, or their agents, will hold information supplied in accordance with the provisions of the Data Protection Act 1998, we will use the information you have supplied primarily for the collection and administration of tax. The information may also be used for other legitimate purposes e.g. housing and council tax benefit administration or private landlord registration. This information may also be shared with other Councils, governmental and quasi-governmental bodies. By completing and submitting this form you consent to the use of your personal data including, where appropriate, sensitive personal data. You have a right to apply for a copy of the information we hold about you, and to have any inaccuracies corrected. The set fee (where applicable) will be charged. Should you wish to exercise this right, your request must be made in writing to the Data Protection Officer, Argyll & Bute Council, Kilmory, Lochgilphead, PA31 8RT.

Please address correspondence to: Executive Director of Customer Services,
Witchburn Road, Campbeltown, Argyll, PA28 6JU

SECTION 1: TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that:

(Name) _____

meets the qualifying conditions noted overleaf.

The benefit received by this person is _____

and I enclose evidence of this e.g. photocopy of front cover and first page of benefit order book, or letter of entitlement to the benefit.

The number of adults (including the above named) usually resident in the house is

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SECTION 2: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

I confirm that in my opinion the above person suffers from a severe impairment of intelligence and social functioning which appears to be permanent.

To my knowledge this condition has existed since ____/____/____

Please give a description of the nature of the impairment and medical term :- _____

Medical Practice Stamp

[Empty box for Medical Practice Stamp]

Signed: _____

Position: _____

Date: ____/____/____

DECLARATION

I declare that the information on this form is true and complete and I authorise Argyll & Bute Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of
Liable Person: _____

Date: ____/____/____