



Local Taxation (100TS)

PO Box 3176

Bristol City Council

Bristol BS3 9FS

Telephone Enquiries: (0117) 922 2900

Council Tax Discount and Exemption Application Severe Mental Impairment

A. APPLICANT DETAILS

Full Name:

Address:

Date reduction claimed from:

B. DETAILS OF PERSON ACTING FOR APPLICANT

Full Name:

Address:

Relationship to applicant:

C. RESIDENTS DETAILS

Please list below the names of all adults (over 18 years of age) living in the property, apart from the applicant:

Do you consider that anyone else, apart from the Applicant is severely mentally impaired? (Yes / No)

The Information in this section will help the council decide whether or not an exemption can be given.

D. BENEFIT DETAILS

Please indicate which benefits the applicant is entitled to:

- Personal Independence Payment, payable at the highest rate or middle rate or the care component of a Disability Living Allowance.
- Attendance Allowance or Constant Attendance Allowance
Severe Disablement Allowance
- Incapacity Benefit
- Increased Disablement Pension where Constant Attendance is needed
- Disability Working Allowance
- Unemployability Supplement
- Disability premium included in income support
- Partner's Jobseekers Allowance is increased because of applicant's incapacity to work
- Employment and Support Allowance

Please enclose evidence of the date when the applicant became entitled to one of these qualifying benefits

E. MEDICAL DETAILS - Permission to Billing Authority

The city Council Will need confirmation of the applicant's medical condition. Please complete this section and the Council will then contact the doctor.

I give permission on the applicant's behalf for you to contact the medical practitioner named below, to seek confirmation of the applicant's eligibility for discount or exemption on the grounds of severe mental impairment.

Doctors name:

Full address of surgery / hospital:

Signature of person acting on applicant's behalf
(This should be the named person in section B)