



COUNCIL TAX APPLICATION FOR DISCOUNT OR EXEMPTION
SEVERELY MENTALLY IMPAIRED

Part 1: Applicant

This form should be completed in BLOCK CAPITALS and ink by the person who is liable to pay the Council Tax. Where the applicant is severely mentally impaired, the applicant's representative also needs to complete Part 2

Full Name:

Address:

Postcode:

Council Tax Account (if known):

Date from which reduction is being claimed:

Telephone or Email address:

Revenues (CH)
PO Box 3399,
Bristol City Council,
Bristol,
BS1 9NE

Graham Clapp
Head of Revenues &
Benefits

Website
www.bristol.gov.uk

Part 2: Details of Person Acting for Applicant

Full Name:

Address:

Relationship to applicant:

Telephone or Email
address:

If there is a Power Of Attorney held or Court appointed Deputy in place, please attach a copy of these documents.

Part 3: Household

Number of Household members:

Names of other Household members over 18 years old:

Do you consider that other Household members, apart from the Applicant is severely mentally impaired, and if so, provide their details:

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Part 4: Benefit Entitlement

Please indicate which benefits the applicant is entitled to:

<input type="checkbox"/>	Attendance allowance
<input type="checkbox"/>	Personal independence payment (standard or enhanced daily living component)
<input type="checkbox"/>	Disability living allowance (higher or middle-rate care component)
<input type="checkbox"/>	Universal credit (including an element for limited capability for work)
<input type="checkbox"/>	Severe disablement allowance
<input type="checkbox"/>	Incapacity Benefit
<input type="checkbox"/>	Increase in disablement pension (due to constant attendance being needed)
<input type="checkbox"/>	Unemployment supplement or allowance
<input type="checkbox"/>	Constant attendance allowance
<input type="checkbox"/>	Income support (which includes a disability premium)
<input type="checkbox"/>	Armed forces independence payment
<input type="checkbox"/>	Disability working allowance (based on getting income support including disability premium)

Evidence of entitlement to one of the above benefits must be forwarded with this application. Please attach a copy of the Department of Works & Pensions' letters documents.

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Part 5: Doctor Details

Either Part A or Part B must be completed.

A) To be completed by Registered Medical Practitioner

Please complete the certificate below stating whether the person named above is severely mentally impaired for Council Tax purposes:

Doctor's Name

Doctor's Surgery:

Doctor's Surgery
Address:

I certify that in my opinion the applicant named in Part 1 is suffering from 'severe mental impairment of intelligence and functioning (however caused) which appears to be permanent, in accordance with the Local Government Finance Act 1992:

Yes:

No:

Date that this is
applicable from:

Surgery Stamp

Date

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B) Permission:

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.

Doctor's Name

Doctor's Surgery:

Doctor's Surgery Address:

Doctor's phone number:

Applicant or Person acting on applicant's signature: