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Dear

**Council Tax: Severely Mentally Impaired Discount Disregard Application**

You should complete this application in respect of any persons who you consider should be disregarded, in the assessment of Council Tax discounts, because they are severely mentally impaired. Please send the completed form, along with any evidence of entitlement to benefits, to the applicant's doctor. In most cases the doctor will be familiar with the applicant's medical history and may not need to see him/her before completing the certificate.

Personal information will be kept safe and secure and will only be kept for as long as is necessary. Further information can be found in the Privacy Notice on the Council's website <https://www.preston.gov.uk/thecouncil/data-protection-and-freedom-of-information/privacy-notice/>

You can now scan any supporting documents or information using our self-serve scanning facility in the Town Hall. In order to use this please keep your reference number to hand.

Yours faithfully

Andrew Taylor  
Assistant Director (Head of Revenues and Benefits)

## Severely Mentally Impaired Discount Disregard Application

Name of person to be disregarded:	Address of their main residence:
Date of Birth:	How many adults resident in the property?

**A person may only be disregarded on the grounds of being severely mentally impaired if they are entitled to one of the following benefits:**

<ul style="list-style-type: none"> <li><input type="checkbox"/> An incapacity benefit</li> <li><input type="checkbox"/> An attendance allowance</li> <li><input type="checkbox"/> A severe disablement allowance</li> <li><input type="checkbox"/> A disability working allowance</li> <li><input type="checkbox"/> An unemployability supplement</li> <li><input type="checkbox"/> An unemployment allowance</li> <li><input type="checkbox"/> Employment and support allowance</li> <li><input type="checkbox"/> Disability element of working tax credit</li> <li><input type="checkbox"/> Standard or enhanced rate of personal Independence payments</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Care component of a disability living allowance (payable at the highest or middle rate)</li> <li><input type="checkbox"/> An increase in the rate of disablement pension</li> <li><input type="checkbox"/> Income Support which includes a disability premium</li> <li><input type="checkbox"/> A constant attendance allowance</li> <li><input type="checkbox"/> Universal Credit with one of the above qualifying benefit elements</li> </ul>
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**Please state the date that the above benefit(s) are applicable from:** \_\_\_\_\_

Please tick the appropriate box(es) and enclose evidence of the entitlement (e.g. copy of DSS decision note), showing the date that the benefit was first granted.

Please note that being entitled to one of these benefits means that an application must have been made and subsequently awarded.

Name of person acting on applicant's behalf:	Signature of person acting on applicant's behalf:	
Relationship to the applicant:	Name of Doctor and Address of Surgery/Hospital:	
Date:	Contact telephone number: (in the event of a query)	Email:

Preston City Council will use your information for Council Tax purposes and in a manner compatible with the Data Protection Act. Any disclosure or sharing of information will only take place where required or permitted by law. For further information please visit [www.preston.gov.uk](http://www.preston.gov.uk)

**This part of the form should be passed to the applicant's medical practitioner (eg G.P) for completion**

<b>Certificate: To be signed by a Registered Medical Practitioner</b>	
This certificate is for use in deciding whether the person named overleaf is severely mentally impaired for Council Tax purposes.	
Please complete this certificate and return the form, together with any evidence of the applicant's entitlement to benefits (which was sent to you with the form) in the prepaid envelope provided.	
<b>The Local Government Finance Act 1992 states that a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.</b>	
In my opinion, the person named overleaf: <b>(Please tick as appropriate and include a date)</b>	
<input type="radio"/> is severely mentally impaired  With effect from:	<input type="radio"/> is not severely mentally impaired

<b>Doctor's Full Name (Block Letters):</b>	<b>Doctor's Signature:</b>
<b>Doctor's Status (G.P. etc.):</b>	<b>Contact telephone number:</b> (in the event of a query)
<b>Date:</b>	<b>DR'S OFFICIAL STAMP</b> <b>* PLEASE ENSURE TO INCLUDE YOUR STAMP</b>

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 / her representatives.

Column 1, schedule 4 of the NHS, GMS, Regulations 2004 state that the following certificates must be provided free of charge:

To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the council tax or eligibility for a discount in respect of the amount of council tax payable

You can hand the completed form in at our One Stop Shop, e-mail or post it to this address:

**Revenues & Benefits Section, PO Box 30, Town Hall, Lancaster Road, Preston, PR1 2GD.**

E-mail: [ctax@preston.gov.uk](mailto:ctax@preston.gov.uk)

Website: [www.preston.gov.uk](http://www.preston.gov.uk)