



# COUNCIL TAX

WEST OFFICES, STATION RISE, YORK, YO1 6GA TEL: (01904) 551558

## **APPLICATION FOR EXEMPTION/DISCOUNT** **Severe Mental Impairment (Class U)**

Date of Issue: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Reference:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Total number of adults resident in property:** \_\_\_\_\_

You have indicated that the person named above may be exempt or entitled to a discount from council tax as he/she is severely mentally impaired. In order to qualify for exemption/discount certain benefit conditions must be satisfied. Please complete both parts of this form and return to the council tax department at the above address, together with appropriate evidence of entitlement to benefit. A certificate will then be sent to the Doctor for confirmation.

### **Part A: Declaration on benefit conditions**

I declare that the applicant is entitled to: (please tick appropriate box or boxes)

- An Incapacity Benefit
- A Severe Disablement Allowance
- An unemployability supplement payable as an increase to disablement benefit
- An unemployability allowance payable with war pension
- Attendance allowance at the higher or lower rate
- Constant attendance allowance at one of the four rates payable with disablement pension or war disablement pension
- The disability element of working tax credit
- The care component of a disability living allowance
- Income Support where the applicable amount includes a disability premium
- Employment and support allowance
- Personal independence payment with the standard or enhanced daily living component
- Universal credit including an element for limited capability for work or limited capability for work and work-related activity

**Please enclose evidence of entitlement(s), such as an entitlement letter**

**Part B: Details of Doctor**

To consider the discount/exemption we will require completion of a medical certificate from a registered medical practitioner\*.

**Doctor's Name:** \_\_\_\_\_

**Doctor's Surgery/Hospital address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*This will normally be the applicant's General Practitioner. Any certificate issued by the General Practitioner will be for use only in applying for exemption from Council Tax.

If this form has been completed on behalf of the applicant, please provide details of the person who completed the form-

**Full name:** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**DECLARATION**

I declare that the information that is given is, to the best of my knowledge, true and accurate. I authorise you to seek on the applicant's behalf, completion of a medical certificate from the registered medical practitioner detailed in part B. I agree that the certificate should be returned direct to the council tax department.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_