



Revenues Department
 Redcar & Cleveland Borough Council
 Redcar & Cleveland House
 Kirkleatham Street
 Redcar
 TS10 1RT

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CWK004

Application for Council Tax Disregard

Severe Mental Impairment

If you have been certified by a medical professional as having a severe mental impairment (SMI), you are not counted as occupying your property for the purposes of Council Tax.

Please enter the details of the person suffering such disability in your household.

Surname:		Forename(s):	
Date of Birth:		National Insurance Number:	
Address:			
Telephone:		Council Tax Account Number:	

I declare that the applicant is entitled to the following benefits *(please tick all that apply)*:

SUPPORTING EVIDENCE MUST BE PROVIDED

Date Awarded

Disability Living Allowance (DLA) Care Component (Middle or High rate)	<input type="checkbox"/>	_____
Personal Independence Payment (PIP) Daily Living Component (Standard or Enhanced Rate)	<input type="checkbox"/>	_____
Attendance Allowance (Low or High Rate); or Constant Attendance Allowance	<input type="checkbox"/>	_____
Incapacity Benefit / Employment & Support Allowance	<input type="checkbox"/>	_____
Severe Disablement Allowance	<input type="checkbox"/>	_____
Income Support / Jobseekers Allowance which includes a disability premium	<input type="checkbox"/>	_____
Universal Credit including a 'limited capability for work' element	<input type="checkbox"/>	_____
Working Tax Credit including disability element	<input type="checkbox"/>	_____

Please ensure that the attached medical certificate is completed by your/the claimant's GP and returned to the Council with the application form.

Please note that we may need to approach the Department for Work and Pensions to confirm your/the claimant's entitlement to benefit.

DECLARATION

I certify that the above information is correct to the best of my knowledge and belief. I give permission to the Revenue Department to approach my/the claimant's doctor to obtain further medical information if necessary, and to confirm with the Department for Work and Pensions any relevant entitlement to benefit.

Signature: _____

Relationship to applicant: _____ Date: _____

DATA PROTECTION ACT 1984

The information on this form may be recorded electronically and used for any local taxation purpose and is subject to the provisions of the Data Protection Act 1984.

I declare that the information given on this form is correct and complete to the best of my knowledge and I claim any discount due to me. I understand that I am obliged to inform the Council of any change to the details given on this form. I also understand that if I deliberately give false information I may be liable to prosecution.

The personal information provided by me on this form will be recorded, processed and used to register me for Council Tax purposes. The Council may also disclose some or all of this information including any personal data in the interests of economy and efficiency of Council business to other departments of the Council and to external organisations but only if the law permits us to do so.

If you do not agree to the Council using data about you in this way, please tick the box

If the completed form is not returned to this office within three weeks of the date of issue, it will be assumed that you do not wish to claim this disregard.



Application for Council Tax Disregard

Severe Mental Impairment Medical Certificate

Council Tax Account Number: _____

Please provide the following information for the person who is severely mentally impaired:

Surname:		Forename(s):	
Date of Birth:		National Insurance Number:	
Address:			

DOCTOR'S CERTIFICATE (to be completed by the person's doctor)

I confirm that the person named above is my patient and has severe mental impairment of intelligence and social functioning which appears to be permanent.

Date Impairment Commenced:		Official Stamp:	
Signature:			
Print Name:			
Address of Surgery/Hospital:			

Signature of a responsible adult in the household:

Signature:			
Print Name:		Date:	