Durham County Council PO Box 238 Stanley County Durham DH8 1FP Tel: 03000 264 000
On Line: www.durham.gov.uk/counciltax
Email: help@durham.gov.uk



Account Ref: CTDISCEXMT

Name & Address					
	Date:				
Council Tax Discount Application - Severe Mental Impairment (SMI)					
For the purpose of this statutory discount / reduced considered to be severely mentally impaired if hand social functioning, however caused, which	ne/she has a severe impairment of intelligence				
You should complete this application form in respect of any persons who you consider meet this definition and therefore should be disregarded in terms of determining Council Tax liability. Please ensure both the application form and the required Doctors certificate is returned.					
Your discount / reduction can only be awarded from the earliest date that both the Doctors certificate confirms and there is entitlement to one of the allowances detailed overleaf.					
If you have any queries or need assistance in completing this form please contact us on the telephone number above.					
Please note you will not have to pay for your Doctor to complete this certificate.					
Full name and address of person who meets the SMI definition and who should be disregarded for Council Tax purposes:					
Date of Birth of the person who meets the					
SMI definition and who should be disregarded for Council Tax purposes:					
Number of adults living in the property over the age of 18:					

Resources

Durham County Council, PO Box 238, Stanley, Co Durham, DH8 1FP

Main Telephone 03000 26 0000

Text messaging service: 07786027280 – please start your message with the word INFO Paul Darby

Head of Finance & Transactional Services

www.durham.gov.uk

In order to qualify,	, the person who meets the SMI def	finition and who	should be			
disregarded for Council Tax purposes should also satisfy one of the benefit conditions						
outlined below. Please tick the box next to the allowances(s) that they receive, or could						
receive.						
	ppy of the letter from the Departm	ent of Work a	nd Pensions wh	ich		
shows the entitle	ement to benefit.					
Incongritu Bonofit	or Employment Cupport Allowance					
Incapacity Benefit or Employment Support Allowance Working Tax Credit including a disabled worker element						
Attendance Allowa		ent		+		
				 		
Employability Supplement/Allowance Severe Disablement Allowance						
	Constant Attendance Allowance					
	Disability Living Allowance (high or middle rate care component) or the daily living					
	sonal Independence Payment (PIP	omponent) or t	ne daily living			
	1 1	of having limite	ed canability for			
	Universal Credit which includes an amount in respect of having limited capability for work or work related activity					
	ependence Payment					
	rate of Disablement Pension					
	ance including a disability premium	1				
	cluding Disability Premium					
disregarded for Cou	incil Tax purposes entitlement to the	e qualifying be	nefit commenced	:		
Declaration I declare that the information given by me on this form is correct to the best of my knowledge and belief. I understand that failure to supply or giving false information is an offence for which a penalty may be imposed. I also understand that I must inform the Council Tax Section as soon as there is any change in the information.						
Signature:		Date:				
Telephone:		Email:				
If you have completed this form on behalf of the applicant please provide your details below in case we need to contact you.						
Full Name:		Telephone:				
Address:						
Relationship to person who meets the SMI definition and who should be disregarded for Council Tax purposes:						
You must notify the Council immediately if there is a change in your circumstances						

Data Protection Act

For information: In line with Data Protection law we may use information you give us to prevent or detect fraud or other crimes. We may also share it with other Council Services or public organisations if they need it to carry out their duties.

which may affect this information. Contact details are provided above.

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Durh County C

Account Ref: CTDISCEXMT

Doctor's Certificate Council Tax application for status discount for a person experiencing Severe Mental Impairment

In respect of:			
Name:			
Address:			
treated as severely m 1992 a person is cons	entally impaired. For the sidered to be severely n	whether the person named the purpose of the Local G mentally impaired if he/sho ning (however caused) wh	overnment Finance Act e has severe
Please tick the box ne sign the certificate.	ext to the statement that	t matches your opinion m	ost closely and then
In my opinion the appurposes of Counci	pplicant is severely me l Tax	ntally impaired for the	
Please state from w	/hich date:		
In my opinion the ap the purposes of Co	pplicant is not severely uncil Tax	mentally impaired for	
Doctors Signature:			
Doctors Full Name:			
Doctors Status (GP	etc)	Date	e:
Surgery/Hospital Ad	ddress:		
Surgery/Hospital Offic	ial Stamp		

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Severe Mental Impairment Explanatory Notes

Below are the answers to some questions about who should be disregarded, under this category, for the purpose of assessing Council Tax discount.

Q How is "Severely Mentally Impaired" defined?

A For the purpose of the Local Government Finance Act 1992 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.

Q What does this mean in practical terms?

- A A person will be disregarded on the grounds of being severely mentally impaired if:
 - (i) He/she is confirmed as being severely mentally impaired by a registered medical practitioner.

and

- (ii) He/she is entitled to one of the following benefits:-
 - Incapacity Benefit or Employment Support Allowance
 - Working Tax Credit including a disabled worker element
 - Attendance Allowance
 - Employability Supplement/Allowance
 - Severe Disablement Allowance
 - Constant Attendance Allowance
 - Disability Living Allowance (high or middle rate care component) or the daily living component of Personal Independence Payment (PIP)
 - Income Support Inc. Disability Premium
 - Universal Credit which includes an amount in respect of having limited capability for work or work related activity
 - Armed Forces Independence Payment
 - An increase in the rate of Disablement Pension Job-Seekers Allowance including a disability premium
 - Job-Seekers Allowance including a disability premium

Q What should I do if the person(s) I am applying for are not in receipt of one of the above benefits but I think they may be entitled to it?

A If you would like more information about any benefits contact the Department for Work and Pensions (08457 123456) before applying for the discount.

Q How do I apply?

A Fully complete this form and return to the address as shown on the letterhead. Once this has been assessed, you will be notified of the Council's decision.

If you have any other queries about this discount or would like more information regarding Council Tax, please contact us.