

PLEASE RETURN TO:

NORTH LANARKSHIRE COUNCIL
PO BOX 9060
MOTHERWELL ML1 1PF



Name: _____

Address: _____

Chief Executive's Office

Elaine Kemp
Head of Financial Solutions
PO Box 9060
Motherwell
ML1 1SH
www.northlanarkshire.gov.uk

***The above must be completed**

Council Tax Reference: _____

(As per Council Tax Notice)

COUNCIL TAX DISCOUNT – SEVERELY MENTALLY IMPAIRED

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction, adults who meet the undernoted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount, please complete the form overleaf, attach any confirmation of income etc., sign the declaration and return the form to the address shown above.

QUALIFYING CONDITIONS FOR: SEVERELY MENTALLY IMPAIRED: -

A person who has apparently **permanent severe impairment of intelligence and social functioning**, as certified by a registered medical practitioner, and who is receiving one or more of the following state benefits:

1. Incapacity Benefit.
2. Employment Support Allowance
3. Attendance Allowance.
4. Severe Disablement Allowance.
5. The higher or the middle rate of the care component of Disability Living Allowance.
6. An increased rate of Disablement Pension.
7. Disabled Persons Tax Credit.
8. Unemployment Supplement.
9. Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc., (Disablement & Death) Service Pension Order.
10. An Unemployability Allowance under the legislation in 8 above.
11. Income Support where the applicable amount includes a Disability Premium in certain defined circumstances.
12. The Daily Living component of Personal Independence Payment.

DISCOUNT - SEVERELY MENTALLY IMPAIRED

SECTION 1: TO BE COMPLETED BY OR ON BEHALF OF A LIABLE PERSON

I apply for discount on the basis that (name): - _____

Meets the qualifying conditions noted overleaf.

The benefit received by the person is: - _____

Please enclose evidence that the liable person receives one or more of the benefits detailed on the front of this form. (e.g. Copy of a bank statement, which details the benefit in payment).

The number of adults (including the above named) usually resident in the house is

SECTION 2: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

*delete as appropriate

In your opinion does the above person suffer from a severe impairment of intelligence? YES/NO*

Does this appear to be permanent? YES/NO*

In your opinion does the above person suffer from a severe impairment of social functioning? YES/NO*

Does this appear to be permanent? YES/NO*

To my knowledge this condition has existed since / /

MEDICAL PRACTICE STAMP

	SIGNED: _____ POSITION: _____ DATE: _____
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I DECLARE that I will notify the Council within 21 days of any change in circumstances which may affect my liability e.g. discount status no longer applies or the number of adults in the house increases.

NOTICE UNDER THE DATA PROTECTION ACT & INFORMATION GOVERNANCE

It is an offence to give false information. Make sure that you understand what you have written before you sign the declaration. Any claim that is found to be fraudulent may be passed to the Procurator Fiscal and may be subject to criminal prosecution. We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of the information to prevent or detect crime or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities and Credit Reference Agencies.

NOTE: - It would assist the Council if you notify the Head of Financial Solutions in the event of a change of address.

SIGNATURE OF LIABLE PERSON: _____ DATE: ___/___/___