

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](http://www.northlanarkshire.gov.uk)

\*The above must be completed

Council Tax Reference: \_\_\_\_\_

(As per Council Tax Notice)

**COUNCIL TAX EXEMPTION : SEVERELY MENTALLY IMPAIRED**

Schedule 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1992 (as amended) states that a dwelling house may be exempt from council tax (including the water charge) if it falls within the category as detailed below.

**A dwelling house which is occupied: -**

Only by one or more persons who have a severe impairment of intelligence and social functioning which appears to be permanent as certified by a registered medical practitioner and they receive one or more of the following benefits:-

- |  |   |
|--|---|
| 1. Incapacity Benefit  | 7. Disability Working Allowance   |
| 2. Employment Support Allowance  | 8. Unemployability Supplement   |
| 3. Attendance Allowance  | 9. Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military and Air Forces etc (Disablement & Death) Service Pension Order |
| 4. Severe Disablement Allowance  | 10. An Unemployability Allowance under the legislation in (8) above   |
| 5. The highest or middle rate of the care Component of Disability Living Allowance | 12. The Daily Living component of Personal Independence Payment.  |
| 6. An increased rate of Disablement Pension  |   |
| 11. Jobseekers Allowance in certain defined  |   |

- Please supply the details requested, sign the declaration overleaf and return this form, together with any supporting documentary evidence, to the address shown above.
- Please note: Exemption will not be granted unless supported by evidence to verify your application.
- An inspection of your property may be required.



**EXEMPTION: SEVERELY MENTALLY IMPAIRED**

REF NO. \_\_\_\_\_

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

I apply for property exemption on the basis that the qualifying conditions noted overleaf have been met by **Name:** \_\_\_\_\_

The benefit received by me/him/her is \_\_\_\_\_  
 Please enclose evidence that the liable person receives one or more of the benefits details on the front of this form e.g. DWP award letter or 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

**Please sign here if you are the liable person**

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**Please sign here if you are completing the application on behalf of the liable person**

**SECTION 2: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER**

<p>In your opinion does the above person suffer from a severe impairment of intelligence?</p> <p>Does this appear to be permanent?</p> <p>In your opinion does the above person suffer from a severe impairment of social functioning?</p> <p>Does this appear to be permanent?</p> <p>To my knowledge this condition has existed since _____ / _____ / _____</p>	<p>delete as appropriate</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">YES/NO</td></tr> <tr><td style="text-align: center;">YES/NO</td></tr> <tr><td style="text-align: center;">YES/NO</td></tr> <tr><td style="text-align: center;">YES/NO</td></tr> </table>	YES/NO	YES/NO	YES/NO	YES/NO
YES/NO					
YES/NO					
YES/NO					
YES/NO					
<p><b>MEDICAL PRACTICE STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">SIGNED: _____</td></tr> <tr><td style="padding: 5px;">POSITION: _____</td></tr> <tr><td style="padding: 5px;">DATE: _____</td></tr> </table>	SIGNED: _____	POSITION: _____	DATE: _____	
SIGNED: _____					
POSITION: _____					
DATE: _____					

**I DECLARE** that I will notify the Council within 21 days of any change in circumstances which may affect my liability e.g. exempt 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.