

Service Manager Revenues & Benefits Mr P Knight Ask for: Revenues Officer Telephone: 01474 33 77 00 Email: council.tax@gravesham.gov.uk My ref: CTX/ Your ref: Date:

APPLICATION FOR A COUNCIL TAX REDUCTION – SEVERELY MENTALLY IMPAIRED

An exemption will only apply if the person with a severe mental impairment lives alone or with other another person or people with a severe mental impairment.

If there are only 2 adults in the property and 1 has a severe mental impairment a 25% discount will apply.

If there are more than 2 adults in the property that don't have a severe mental impairment no reduction will apply.

Please ensure that all sections are completed and all evidence supplied before returning this form.

About You – if you are completing this form on behal details below.	f of someone else please provide your
Name	
Telephone number	
Email address	
Address	
Relationship to the applicant.	
About the severely mentally impaired person	
Name	
Date of Birth	
Switchboard 01474 56 44 22 Minicom 01474 33 76 17	INVESTORS Gol

Website www.gravesham.gov.uk

Gravesham Borough Council, Civic Centre, Windmill Street, Gravesend, Kent DA12 1AU

Who else lives in the property?

Number of people living in the property:

Names of adults in property and their relationship to the severely mentally impaired person:

Are there any children in the property that will turn 18 within the next year? Y/N **

** You must tell us as soon as a child turns 18 if they are still living in the property.

What Benefit is the Severely Mentally Impaired Person Entitled To?

Please provide proof that the severely mentally impaired person is entitled to or receiving at least one of the benefits below. If they were receiving this benefit but it has stopped as they are now a pensioner, please provide proof that they were receiving it until that time.

- An invalidity pension
- An attendance allowance
- A severe disablement allowance
- The care component of a disability living allowance at the middle or highest rate
- An increase in the rate of disablement pension due to the need for constant attendance
- An unemployability supplement payable as an increase to disablement benefit
- An unemployability allowance due to war or other injuries
- Constant attendance allowance due to war or other injuries
- The standard or enhanced rate of the daily living component of personal independence payment.

Doctors Certificate	
Name of Doctor	
Address of Surgery	
purpose of the Local G	ion the above applicant is suffering from a severe mental impairment for the Sovernment Finance Act 1992. A person is severely mentally impaired if npairment of intelligence and social functioning (however caused) which nent.
Approximate date the	condition became permanent///
Doctors Signature	
Doctors Name (Block Capitals)	
Date	
OR	

I am unable to confirm that the above named applicant is suffering from a severe mental impairment for the purpose of the Local Government Finance Act 1992 because					
Dootoro Signaturo					
Doctors Signature					
Doctors Name					
(Block Capitals)					
· · · · ·					
Date					
Date					

IMPORTANT - Declaration

I declare that the information I have given is correct and if any information I provide is false or if I fail to notify you in writing of a change in circumstances, this could lead to prosecution or liability to pay a penalty.

Name Block Capitals	 	
Signature	 	
Date	 	

Data Protection – the Council takes its obligations under the Data Protection Act very seriously and will not disclose information to any unauthorised person. If requested information concerning the names and addresses of individuals may sometimes be passed to other local authorities, public bodies and statutory utilities. It may also share this information with other bodies responsible for auditing or administering public funds for the purposes or use it for the collection of debt owed to other departments of the Council.