Birmingham City Council

Council Tax

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Council Services 24/7
www.birmingham.gov.uk

For office use Only

PRN:

DATE SENT:

APPLICATION FOR COUNCIL TAX DISCOUNT - SEVERELY MENTALLY IMPAIRED

Thank you for your enquiry regarding a reduction in your Council Tax. Please fill in this form and return it immediately to: **Birmingham City Council, Resources, (Revenues and Benefits), P.O Box 5, Birmingham B4 7AB.**

To qualify for this discount a person must have a severe mental impairment. This includes people with severe learning difficulties, mental health problems and dementia. To receive a discount, the person who has a severe mental impairment must also be entitled to one of the benefits shown in Section C.

Section A

Including yourself, how many people live in your home who are aged 18 or over?

Section B

Please fill in the following information. You must also complete the authorisation for the Council to contact the doctor.

Information about the severely mentally impaired person(s)

Full name	Date they became severely mentally disabled	Type of state benefit they are entitled to (see list overleaf)	Date they became entitled to state benefit

Section C

List of State Benefits

(please tick benefit you are entitled to)

- o Incapacity Benefit or Employment and Support Allowance (ESA)
- o Constant Attendance Allowance
- o Severe Disablement Allowance
- o Attendance Allowance
- o Unemployability supplement as an increase to Disablement Pension
- o Unemployability supplement payable with the War Disablement Pension
- o Increase in the rate of Disablement Pension as constant attendance is needed
- o Care Component of the Disability Living Allowance at the higher or middle rate
- o Disabled Persons Tax Credit AND was previously entitled to an Incapacity Benefit or Severe Disablement Allowance
- o Income Support Disability Premium awarded on the grounds of incapacity for work
- o Jobseeker's Allowance if received by the partner of the severely mentally impaired person

You must send in proof of the benefits you are entitled to with this form. A photocopy of your bank statement showing the payment or your award letter will be sufficient.

Authorisation

An authorisation is required for each person named in Section B. this form may be photocopied for that purpose.

I/We authorise you to contact the registered medical practitioner of the severely mentally impaired person to gain certification of their disablement and the date they became impaired

Doctor's name _____

Doctor's Surgery/Hospital address _____

_____

Full name of the severely mentally impaired person _____

Your full name _____

Your relationship to the severely mentally impaired person

_____

Your Address _____

_____

We will send any correspondence regarding this application to the above named person unless we are informed otherwise.

Section D

Birmingham City Council has a duty to maintain accurate records for billing and collection of Council Tax. In order to meet this requirement the City periodically reviews all records including those where allowances discounts and relief's are granted. These records may be checked by using information already held by the City and its partner organisations such as credit referencing agencies to identify cases where such allowances, discounts and reliefs no longer apply.

Declaration

I declare the information that I have given is correct and complete to the best of my knowledge. I understand the council may make enquiries to verify the information I have given.

I will notify you immediately if my circumstances change which will affect the amount of Council Tax I am charged.

Please sign the form and give your daytime telephone number, as it may help us to deal with your application quickly.

Signed _____ Date _____

Print Name _____

Telephone Number _____ Email address _____