



D-01256

**THE MORAY COUNCIL  
REVENUES SECTION, COUNCIL TAX**

**Severely Mentally Impaired  
Application Form**

Name: .....

Address: .....

.....

.....

.....Postcode.....

Office use Only
Reference Number: .....
Date of Issue: .....
Please return by: .....

**Information**

If an adult(s) (i.e. a person(s) aged 18 years or over) resident in your property is severely mentally impaired, you may be eligible for a reduction.

To qualify, one of these conditions must be met:

1. If a severely mentally impaired adult lives **alone** in the property, **exemption** may apply.
2. If **all** adults in the property are severely mentally impaired, **exemption** may apply.
3. If **all** adults in the property are either severely mentally impaired or may be disregarded for the purposes of discount, **50% discount** may apply.
4. If **all but one adult** in the household is severely mentally impaired, **25% discount** may apply.

If the severely mentally impaired adult does not receive any of the benefits detailed in **Part 3**, you will not qualify for discount or exemption and you should not continue to fill in this form.

**How to Complete the Form**

If you think your household meets one of the conditions noted above, please complete the five parts of this form using **BLOCK CAPITALS** and **black ink**.

- **Parts 1, 2 and 3** should be filled in by the **liable person** (the person named on the bill) or the **person assisting you**.
- **Part 4** should be filled in by your **doctor**.
- **Part 5** should be filled in by the **liable person** or the **person assisting you**.

For further information or help in completing this form, please telephone **(01343) 563456**.

**Any information given will be treated in the strictest confidence.**

**Part 1 - Occupancy Details**

Council Tax Number: .....

Do any of these people fall into the following categories? (Please  $\checkmark$  relevant box)

Are you the only adult occupant?

**Yes**  **No**

Students  Severely Mentally Impaired

If not, please state the number of **ADULTS** who live with you  and give their **FULL NAMES** below.

Apprentices  YTT, YTS, Skill Seekers

.....

.....

.....

Student Nurses  Care Workers

## Part 2 - Severely Mentally Impaired Person's Details

The applicant's name is ..... Date of birth.....  
Property address .....  
Which reduction category does the property fall into? 1  2  3  4  Please ✓ relevant box  
Name and address of person assisting you (if applicable).....  
..... Telephone No .....  
What is your relationship to the applicant? .....

## Part 3 - State Benefits Received (please tick all that apply)

Incapacity Benefit	<input type="checkbox"/>	Employment and Support Allowance	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	Unemployability allowance or supplement	<input type="checkbox"/>
Constant Attendance Allowance	<input type="checkbox"/>	Income Support including a Disability premium	<input type="checkbox"/>
Disabled Person's Tax Credit	<input type="checkbox"/>	Constant attendance increase in Disablement Pension	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	Higher or Middle rate of Care Component of the Disability Living Allowance	<input type="checkbox"/>

Date you started receiving the benefit .....

**Please enclose evidence of the benefit in payment when you return this form.**

## Part 4 - Doctor's Certificate

A reduction may be given to the applicant shown in Part 2 but details of their current medical condition are required. The regulations (Local Government Finance Act 1992, Schedule 1. Section 2-(2)) state that "*for the purposes of these regulations a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.*"

As the doctor of the applicant, please complete the statement requested below.

**In my opinion, from ..... the person named above has been severely mentally impaired.**

Signature .....

Official Stamp

Print Name .....

Date .....

Your Status (G.P. etc) .....

Please state a contact name and telephone number should we require further information.

Name ..... Telephone Number .....

**When completed, this form should be returned to the applicant / person assisting the applicant.**

## Part 5 - Declaration By Applicant

I declare that the information on this application is true and correct. The Council will verify information on this form with other sources as allowed by law. I undertake to inform you of any change in circumstances as soon as the change occurs. I authorise the Council to make any necessary enquiries to verify the information given on this form.

Signature ..... Date .....

Print Name ..... Telephone .....

Email ..... Mobile .....

**Any information you provide will be used and retained on computer by the Authority, in accordance with the Data Protection Act 1998**

Please return this form to: **The Moray Council, Revenues Section, High Street, Elgin, IV30 1BX.**  
If you wish further information regarding this form or any other Council Tax query, please contact us by:  
Telephone: **01343 563456** Email: **revenues@moray.gov.uk** Visit our website: **www.moray.gov.uk**