



Name.....  
 Address .....  
 .....  
 ..... Postcode .....  
 Telephone.....

Your Council Tax Account no.

**Discount/Exemption Enquiry Form** (SMI)

**How to complete this form**

When a property is occupied by a Severely Mentally Impaired person(s) a reduction of 25% discount or 100% exemption may be awarded. Please read the following notes and then fill in the form in **BLOCK CAPITALS** using black ink. This form has been designed to be easy to understand and simple to complete. If you have any difficulty with any part of the form or if you require further details, we would like to help you. Please contact Revenues and Benefits by telephoning the Council Tax Customer Care Section on 08456 080921, emailing us on [counciltax@aberdeencity.gov.uk](mailto:counciltax@aberdeencity.gov.uk) or by writing to us at the address shown overleaf.

Please read (a), (b) and (c) then **tick** the relevant category for which you are applying.

- (a) A severely mentally impaired adult lives alone in the household.  
A reduction of 100% can be given
- (b) All adults in the household are severely mentally impaired.  
A reduction of 100% can be given
- (c) All but one of the adults who live in the household are severely mentally impaired.  
A reduction of 25% can be given.

To enable us to award any reduction that you may be entitled to we need some details.

- Part 1** Evidence of State Benefits received (*If you do not receive any of the benefits detailed below you will not qualify for discount/exemption and you should not continue to complete this form*).
- Part 2** Should be filled in by you or the person assisting you.
- Part 3** (Over the page) Should be filled in by your Doctor.
- Part 4** (Over the page) Should be filled in by you or the person assisting you (*This should only be completed and returned with appropriate evidence when the Doctor has completed Part 3*).

**PART 1 Evidence of any of these state benefits should be enclosed with this form**

<input type="checkbox"/> Incapacity Benefit or Employment and Support Allowance	<input type="checkbox"/> Unemployability Allowance or Supplement
<input type="checkbox"/> Attendance Allowance	<input type="checkbox"/> Higher or Middle Rate of Care Component of the Disability Living Allowance
<input type="checkbox"/> Severe Disablement Allowance	<input type="checkbox"/> Income Support including a Disability Premium
<input type="checkbox"/> Constant Attendance Allowance	<input type="checkbox"/> Disablement pension increase for constant attendance
<input type="checkbox"/> Disability Element of Working Tax Credit	Please give the date you started receiving the benefit

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**PART 2 Severely Mentally Impaired Person's Details** (To be filled in by you or the person assisting you)

The applicant's name is ..... Date of birth .....

Council Tax Account No..... Telephone no.....

Email address .....

Evidence of my/their state benefit(s) is enclosed. I authorise the doctor to give the information requested in Part 3.

Name and address of person acting on the applicant's behalf .....

.....

..... Telephone no. .... Date .....

What is your relationship to the applicant? .....

**This form should now be given to the applicant's doctor so that Part 3 (below) can be filled in.**

**PART 3 Doctor's certificate** (To be filled in by the doctor)

In order that Council Tax Discount/Exemption may be given to the applicant shown at Part 2, details of their current medical condition are required. The regulations state that 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 give the details as requested below. When completed, this form should be returned to the applicant/person acting on behalf of the applicant.

Your name .....

In my opinion, the person named over the page is  
Severely Mentally Impaired and has been so from .....

Signed ..... Date .....

Your status (G.P. etc.) .....

**Official Stamp**

**PART 4 Declaration** (To be signed by you or the person assisting you)

Date from which the applicant is claiming discount/exemption .....

I declare that the information on this form is true and correct. I undertake to inform you of any change in circumstances as soon as the change occurs.

Signed ..... Date .....

Please note that under the National Fraud Initiative details of your claim may be compared with records within this council and other public bodies. For more information please log on to [www.audit-scotland.gov.uk/work/nfi.php](http://www.audit-scotland.gov.uk/work/nfi.php)

**Thank you for completing this form. Please return it immediately along with the evidence of your State Benefits to Revenues and Benefits, Aberdeen City Council, Business Hub16, Marischal College, Broad Street, Aberdeen AB10 1AB**