

# Council Tax



www.aberdeencity.gov.uk/services/council-tax

We may have to contact you for information, please provide:-

Name .....

Current Address.....

.....

.....

Postcode .....

Council Tax Reference Number .....

Telephone Number.....

Mobile Number .....

Email Address .....

## Application for Severely Mentally Impaired Discount/Exemption (SMI)

### Please read this form carefully

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 (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
- d. The Discount /Exemption award date will be the latest date of the following:
- The start date of the qualifying State Benefit (see part 1)
- The date that the medical condition started (see Part 3)

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

**Part 1** Evidence of any of these state benefits (or entitlement to) should be enclosed with this form, showing the date you became entitled/received the Benefit (***If you are not entitled/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 state benefits should be enclosed with this form, showing the date that you started receiving/became entitled to the Benefit**

- |   |   |
|---|---|
| <input type="checkbox"/> Incapacity Benefit   | <input type="checkbox"/> Unemployed 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   | <input type="checkbox"/> Employment and Support Allowance   |
| <input type="checkbox"/> Personal Independence Payment (PIP) Standard or Enhanced Rate – Daily Living Component | <input type="checkbox"/> Universal Credit   |

**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 .....

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 number ..... 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.

G.P. Stamp

Your name .....

In my opinion the person above is

Severely Mentally Impaired and has been so from .....

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

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

If you do not have an official stamp please tick this box

**Please ensure this form is stamped and returned to the applicant/ person acting on behalf of the applicant.**

**Please read the following carefully and sign the declaration below.**

**Your data** - We collect and maintain information about you for Council Tax, Water and Waste Water purposes in line with the Local Government Finance Act 1992. We share information with the DWP, HMRC, Sheriff Officers and a variety of other organisations all as allowed by law. This information is used across the Council, to ensure that we keep your name and address details accurate and up to date.

**National Fraud Initiative** - We have a duty to protect the public funds we administer. We will use the information you provide on our forms to help prevent and detect fraud. We will also share this information, for these purposes, with other organisations responsible for auditing or administering public funds.

More information about how we use and manage your information is available on our website at:

**[www.aberdeencity.gov.uk/your-data/privacy-notices/your-data-council-tax](http://www.aberdeencity.gov.uk/your-data/privacy-notices/your-data-council-tax)**. This page also has links to further information about your rights, and who to contact if you have a complaint about how we use your data.

If you have difficulty with any part of this form or if you require further details, please telephone Customer Services on 03000 200 292 (visit the Contact Us page on our website for up to date opening hours).

**Part 4 Declaration** (To be signed by the liable person)

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

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

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