



Council Tax Service
PO Box 911
Civic Hall
Leeds
LS1 9WJ

Account No:

Date:

Dear

Severely Mentally Impaired (SMI) discount or exemption

Adults who are confirmed as being SMI by a doctor may be eligible for an exemption or discount.

The person must also be entitled to one of the benefits listed on this form and must be able to provide proof with this application form.

SMI means having a permanent condition that severely affects their intellectual and social functioning. This includes dementia, Alzheimer's, learning difficulties, stroke and many others.

If you qualify:

- and live alone or only with others who are SMI, you will be exempt from paying council tax
- and live with one adult who is eligible to pay council tax, your household will receive a 25% discount
- and live with two or more adults who are eligible to pay council tax, there will be no discount

Part A: Personal information

Full name of person who has this condition:

National insurance number:

Date of birth

Address:

List the names of the other people who live at the address who are 18 and over:

Part B: Which Benefit is the person entitled to?

The person must also be entitled to one of the benefits listed below.

Please tick the relevant box(es):

When did the benefit start?

<input type="checkbox"/>	Incapacity Benefit	<input type="text"/>
<input type="checkbox"/>	Attendance Allowance	<input type="text"/>
<input type="checkbox"/>	Severe Disablement Allowance	<input type="text"/>
<input type="checkbox"/>	Unemployability Supplement or Allowance	<input type="text"/>
<input type="checkbox"/>	An increase in disablement pension - as constant attendance is needed	<input type="text"/>
<input type="checkbox"/>	Care component of Disability Living Allowance, paid at highest or middle rate	<input type="text"/>
<input type="checkbox"/>	Personal Independence Payment	<input type="text"/>
<input type="checkbox"/>	Armed Forces Independence Payment	<input type="text"/>
<input type="checkbox"/>	Universal Credit - in circumstances where a person has limited capability for work or work related activity	<input type="text"/>
<input type="checkbox"/>	Employment and Support Allowance	<input type="text"/>
<input type="checkbox"/>	Disability element of Working Tax Credit	<input type="text"/>
<input type="checkbox"/>	Income Support that includes disability premium	<input type="text"/>
<input type="checkbox"/>	Constant Attendance Allowance	<input type="text"/>

We need evidence that the person is entitled to one of these benefits. Please send us a copy of the award notice, payment document or a letter from the DWP confirming eligibility.

*****Please Tick the boxes below******

I have enclosed proof of entitlement to this benefit ☐

I understand that the application cannot be processed without evidence ☐

Part C: Doctor

Name of Doctor:

Contact details of surgery or hospital

Address:

Phone number:

A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. *Local Government Finance Act 1992 (Schedule 1, Paragraph 2)*

Note: GPs should not charge for the completion of this form.

Declaration:

I can confirm the person named in Part A is SMI as defined above (Please tick box)

☐

Date of diagnosis:

Doctor's signature:

Date:

Official stamp:

Part D: Declaration

I accept responsibility for the information given in this form and declare that it is true and accurate to the best of my knowledge and belief.

Applicant's signature:

Email address:

Date:

Phone number:

If you are completing the form on behalf of the applicant, what is their relationship to you?

Name of person acting on applicant's behalf:

Address of person acting on applicant's behalf:

Date:

Phone number:

Signature:

Email address:

All information will be processed in accordance with the council's corporate privacy notice, available at www.leeds.gov.uk/privacy and to prevent and detect fraud, corruption and crime.

Before returning your completed application form and evidence:

Check that the **doctor has completed part C**

Check you have **included proof of entitlement to the benefit** shown in part B.

Post to: Council Tax Service, PO Box 911, Civic Hall, Leeds, LS1 9WJ or hand the form in at one of our Community hubs.