

**STOCKPORT METROPOLITAN BOROUGH COUNCIL  
COUNCIL TAX DISCOUNT ENQUIRY FORM - SEVERE MENTAL IMPAIRMENT**

**Name of mentally impaired person:**

**Council Tax Reference Number:**

Anyone who is severely mentally impaired and who is entitled to one or more of the benefits listed below or, who would be entitled if not over the age of 60, may claim a reduction from Council Tax.

NOTE FOR PERSONS ASSISTING APPLICANTS: You should complete SECTION A of this form then take it to the applicant's doctor. The doctor should complete SECTION B and return it to this office along with the evidence of any entitlement to benefit, for example a letter of notification from the Department for Work and Pensions.

Please complete the following in black ink.

**SECTION A**

**DOCTORS NAME:** (Normally this will be the applicant's G.P.) \_\_\_\_\_

Address of surgery: \_\_\_\_\_

**DECLARATION OF BENEFIT ENTITLEMENT**

Please tick the appropriate box/boxes.

I declare that the person named above is entitled, or would be entitled if under the age of 60, to one or more of the benefits listed below:-

- ☐ Employment & Support Allowance
- ☐ Attendance Allowance.
- ☐ The daily living component of Personal Independence Payment (PIP)
- ☐ The care component of Disability Living Allowance, payable at the higher or middle rate.
- ☐ An increase in Universal Credit for limited capability for work.
- ☐ Disabled Person's Tax Credit.
- ☐ An unemployability allowance payable with disablement benefit or war disablement pension.
- ☐ Income Support where the applicable amount includes a disability premium.

**You should enclose evidence of entitlement to benefit, such as a notification letter from the Department for Work and Pensions, showing the date of earliest entitlement.**

Please give the date entitlement to the above benefit(s) began. If the applicant receives more than one of the above, please give the date of the earliest award.

If the applicant is over 60 years of age, please give his/her date of birth.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to applicant: (e.g. mother, spouse) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Tel. No. \_\_\_\_\_ Email: \_\_\_\_\_

(You do not have to provide your telephone number or email, but it will help if we have a query).

## SECTION B – CERTIFICATE

**NOTE TO DOCTOR:** Please complete the certificate below stating whether, in your opinion, the person named is severely mentally impaired. Please send this application form and any documents enclosed, which relate to the applicant's entitlement to benefits, to the Local Taxation department in the envelope provided.

No charge should be made to the applicant or their representative for the completion of this medical certificate. Further details can be found in Schedule 9 of the NHS (General Medical Services) Regulations 1992, as amended.

In my opinion, \_\_\_\_\_ (Patient's name)

**Is not** severely mentally impaired

☐

(Please tick box)

**Is** severely mentally impaired

☐

And has been since (DD/MM/YY)

Date:

For the purposes of the Local Government Finance Act 1988 a person is severely mentally impaired "if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent".

Doctor's signature

Doctor's name

Doctor's surgery/hospital address:

Doctor's status (e.g. G.P.) \_\_\_\_\_

Date: \_\_\_\_\_

The completed form/certificate should be returned to: Local Taxation Team, Town Hall, Stockport SK1 3XE in the envelope provided or by email to **council.tax@stockport.gov.uk** quoting your Council Tax account number in the subject field of your email.

Data Protection Act 2018: In order to provide services to you, we need to record your details which you have the right to see and check. Information may be shared with other organisations we work with to provide services to you. We will process and safeguard your details in accordance with the Data Protection Act. Information may also be used in connection with the prevention and detection of crime and fraud.