



**COUNCIL TAX DISCOUNT APPLICATION  
SEVERELY MENTALLY IMPAIRED**

---

<b>Name</b>	<input type="text"/>	<b>Account no.</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		

(this is shown on your Council Tax bill)

---

**IMPORTANT INFORMATION - PLEASE READ THE NOTES BELOW BEFORE FILLING IN THIS FORM:**

Someone who is Severely Mentally Impaired (SMI) will not be counted when working out the Council Tax bill.

A 25% discount will apply where all but one of the adults living in a property are classed as SMI.

A 100% discount will apply where all the adults living in a property are classed as SMI.

There will be no discount if 2 or more adults who are not SMI live in a property (unless they fall into another discount class). An adult is a person aged 18 or over.

To be classed as SMI for Council Tax a person must be:

1. Entitled to at least one of the qualifying benefits listed below:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>* Incapacity Benefit</li><li>* Attendance Allowance</li><li>* Armed Forces Independence Payment</li><li>* Disability Element of Working Tax Credit</li><li>* Constant Attendance Allowance</li><li>* Income Support with Disability Premium</li><li>* High or Middle Rate Care Component of Disability Living Allowance</li><li>* Enhanced or Standard Rate Daily Living Component of Personal Independence Payment</li><li>* Partner receiving Jobseekers Allowance which includes a Disability Premium for the SMI person</li><li>* Have reached pensionable age and would be entitled to one of these qualifying benefits if they were below pensionable age</li><li>* Universal Credit (including an element for limited capability for work or limited capability for work and work related activity)</li></ul> | <ul style="list-style-type: none"><li>* Employment Support Allowance</li><li>* Severe Disablement Allowance</li><li>* Increase in rate of Disablement Pension</li><li>* Unemployability Supplement</li><li>* Unemployability Allowance</li></ul> |
|--|--|

**And**

2. Confirmed by a doctor (or another registered medical practitioner) as SMI.

---

If you wish to apply for the SMI discount please complete the details on the back of this form. Please ensure both application form and doctors certificate are returned along with proof of the qualifying benefit.

## COUNCIL TAX DISCOUNT APPLICATION – SEVERELY MENTALLY IMPAIRED

I can confirm that the information I am about to provide is correct. I understand that any discount will be awarded based on the information I have provided. I will inform South Tyneside Council of any change within 21 days of the change happening. I understand that if I fail to report such a change a fixed penalty may be imposed on me and I will have to repay any overpaid discount.

Full Name and Address of Council Taxpayer: \_\_\_\_\_

Council Tax Account Number: \_\_\_\_\_

**IF YOU ARE NOT THE COUNCIL TAXPAYER FOR THE ADDRESS THE DISCOUNT IS BEING APPLIED FOR PLEASE COMPLETE THE FOLLOWING:**

Your Name and Address: \_\_\_\_\_

Relationship to the Severely Mentally Impaired Person: \_\_\_\_\_

In accordance with Data Protection Law, South Tyneside Council may use any information you give us to prevent or detect fraud or other crimes. South Tyneside Council may also share information with other Council Services or public organisations if required by Law to do so.

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

Daytime Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**1. NUMBER OF RESIDENTS** – Please tell us the names of all people (including yourself) over the age of 16

Full Name	Date of Birth	Are They Severely Mentally Impaired? Yes / No

**2. BENEFIT IN PAYMENT** – Please tell us the qualifying benefit(s) in payment and the date awarded from. **You must supply the letter of entitlement for the qualifying benefit. Without this the Council will be unable to process your application.**

Qualifying Benefit(s)	Date Paid From	Letter of Entitlement Supplied (please tick when letter attached)

**WHERE SHOULD I SEND MY COMPLETED FORM?**

**Return by post to:** South Tyneside Council, Council Tax Section, Hawthorne Building, Rolling Mill Road, Viking Industrial Estate, Jarrow, NE32 3DP

**Return in person to:** South Shields Town Hall (Customer Service Centre)

Alternatively scan and email your completed application to [council.tax@southtyneside.gov.uk](mailto:council.tax@southtyneside.gov.uk)

# Council Tax Discount – Severe Mental Impairment Medical Practitioner’s Certificate

## **DETAILS OF MENTALLY IMPAIRED PERSON**

SURNAME.....  
FORNAME(S).....  
ADDRESS.....  
.....  
.....

## **THIS SECTION TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER**

DOCTOR’S NAME.....  
ADDRESS OF SURGERY/HOSPITAL.....  
.....  
.....

Under the Local Government Finance Act 1992, a person is considered to be severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

### **Please complete/delete as appropriate**

1. I certify that in my opinion, the person named above is severely mentally impaired and has been so from:  
(date).....
  
2. I certify that in my opinion, the person named above is not suffering from severe mental impairment.

DOCTOR’S SIGNATURE..... DATE.....

OFFICIAL STAMP

Please note that information collected for the administration of Council Tax may be used for other Council purposes, provided this complies with the Data Protection Act 1998