



Corporate and Community Services Department

Director: Caroline Innes

211 Main Street, Barrhead G78 1YF

Phone: 0141 577 3002 Fax 0141 577 3255

Email: ctax@eastrenfrewshire.gov.uk

When calling please ask for: Customer Services

Our Ref: WEBFORM

Name:

Address:

COUNCIL TAX DISCOUNT

The Council Tax due on a property may be discounted to reflect the personal circumstances of the adult residents. Such a reduction will apply where less than two adults are resident in the property. For the purpose of the reduction adults who meet the under noted qualifying conditions shall be disregarded when counting the number of adults in the house.

If you want to apply for discount please complete the form overleaf, attach any confirmation of income, sign the declaration and return the form to the above address.

QUALIFYING CONDITIONS : SEVERELY MENTALLY IMPAIRED

A person who has an apparently permanent severe impairment of intelligence and social functioning, as certified by a registered medical practitioner, who is receiving one or more of the following state benefits:

1. Incapacity Benefit or Employment Support Allowance
2. Attendance Allowance
3. Severe Disablement Allowance
4. The highest or middle rate of the care component of Disability Living Allowance or Personal Independence Payment
5. An increased rate of Disablement Pension
6. Disabled persons tax credit
7. Unemployability Supplement
8. Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military, Air Forces etc., (Disablement & Death) Service Pension Order
9. An Unemployability Allowance under the legislation in 8 above
10. Income Support in certain defined circumstances

Our Service Standards:	>	<i>We will reply to all mail within 20 working days.</i>
	>	<i>We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days.</i>
	>	<i>We will update the customer's account within 2 working days of payment at a council office or within 2 working days of notification being received from the council's bankers or Girobank</i>
	>	<i>We will ensure that all residents are notified within six weeks of a missed payment.</i>

DISCOUNT: SEVERELY MENTALLY IMPAIRED

SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON

I apply for discount on the basis that...

Name

meets the qualifying conditions noted overleaf. The benefit received by this person is

.....

and I enclose evidence of this e.g. most recent letter of entitlement.

The date these circumstances took effect / /

The number of adults (including the above named) resident in the house at the above date is

The number of adults (including the above named) usually resident in the house is

SECTION 2: TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER

I confirm that in my opinion the above person suffers from a severe impairment of intelligence and social functioning, **which appears to be permanent.**

Medical Practitioner – Please be aware that this statement can not be altered in anyway. If your patient does not meet the above criteria he/she will not qualify. Please do not amend the qualifying criteria as the application will be void.

To my knowledge this condition has existed since / /

Signed:

Medical Practice Stamp

Print Name:

Position:

Date:

DECLARATION

I declare that the information on this form is true and complete and I authorise East Renfrewshire Council to verify the details.

I will notify within 21 days any change in circumstances which may affect my liability e.g. discount status no longer applies to the person named in Section 1, or the number of adults in the house increases.

I understand that failure to provide this information is an offence, which may make me liable to an initial fine of £50 and £200 for each subsequent offence.

Signature of Liable Person **Date** / /

Daytime Tel Number..... **Email Address**.....

(You do not have to tell us these but it may help us deal with your discount application quicker)