

DATE:

REF NO:

Correspondence Address:

Subject Address:

COUNCIL TAX EXEMPTION FOR SEVERELY MENTALLY IMPAIRED

Please complete this form in full to apply for Council Tax exemption on the grounds of permanent severe mental impairment. In terms of the Council Tax (Exempt Dwellings) (Scotland) Order 1992 (as amended), this exemption can be awarded for an indefinite period.

Please note that this form has 2 sections. The applicant, or his/her representative, should complete Section 1, **ensuring that a photocopy of his/her qualifying benefit is enclosed** and should also sign and date the form at the bottom.

A doctor, or a registered medical practitioner, should complete section 2, **ensuring that they stamp the form with their official establishment stamp.**

The form, and accompanying proof, should be returned to 211 Main Street, Barrhead, G78 1SY. Failure to complete both parts of the form, and provide the proof requested, may result in the processing of the exemption being delayed.

QUALIFYING CONDITIONS:

- 1) The applicant must have an **apparently permanent** severe impairment of intelligence and social functioning, as certified by a registered medical practitioner.
- 2) The applicant must be receiving, or be entitled to receive, at least one of the following state benefits:
 - a) Incapacity Benefit or Employment Support Allowance
 - b) Attendance Allowance
 - c) Severe Disablement Allowance
 - d) The highest or middle rate of the care component of Disability Living Allowance or Personal Independence Payment
 - e) An increased rate of Disablement Pension
 - f) Disability Working Allowance
 - g) Unemployability Supplement
 - h) Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Naval, Military, Air Forces etc..., (Disablement & Death) Service Pension Order.
 - i) An unemployability Allowance under the legislation in 8 above.
 - j) Income Support which includes a disability premium because of incapacity for work.

Yours faithfully,

Caroline Innes

Director of Corporate and Community Services

Payments must continue pending the outcome of your application

<p>Our Service Standards:</p>	<ul style="list-style-type: none"> > We will reply to all mail within 20 working days. > We will determine all requests for discounts/changes in circumstances and issue a revised bill within 20 working days. > 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 > We will ensure that all residents are notified within six weeks of a missed payment.
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EXEMPTION: SEVERELY MENTALLY IMPAIRED

SECTION 1 : TO BE COMPLETED BY A LIABLE PERSON

I apply for exemption on the basis that

Name: Date of Birth: / /
meets the qualifying conditions noted on page 1. The benefit received by this person is

.....

and I enclose evidence of this e.g photocopy of most recent benefit award letter.

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

SECTION 2 : TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

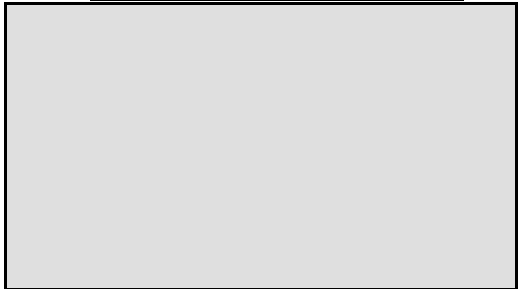
I confirm that in my opinion the above person suffers from a severe impairment of intelligence and social functioning **which appears to be permanent.**

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 / /

MEDICAL PRACTICE STAMP

Signed
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.
If Exempt status no longer applies to this property I undertake to notify East Renfrewshire Council within 21 days of this occurring.
I UNDERSTAND THAT FAILURE TO PROVIDE THIS INFORMATION IS AN OFFENCE WHICH MAY MAKE ME LIABLE FOR AN INITIAL FINE OF £50.00 AND £200.00 FOR EACH SUBSEQUENT OFFENCE.
Furthermore, this information may be shared with other public bodies e.g. neighbouring Councils or other organisations which handle public funds, for the purposes of preventing and detecting fraud.

SIGNATURE OF _____ **DATE:** _____
LIABLE PERSON:

Corporate and Community Services East Renfrewshire Council Offices, 211 Main Street, Barrhead, Glasgow, G78 1YF
Telephone: 0141 577 3002 Fax: 0141 577 3255
E-mail : ctax@eastrenfrewshire.gov.uk