

LGSS COUNCIL TAX DISCOUNT APPLICATION SEVERELY MENTALLY IMPAIRED

Persons who are severely mentally impaired may be disregarded for the purposes of calculating the number of adult residents at a property, providing they have a certificate from a medical practitioner and are entitled to a relevant benefit detailed below. Where there is only one adult resident, or the number is reduced to one or zero after deducting disregarded persons, a discount from Council Tax may apply.

If you think that a discount may be applicable, please complete this form and submit it to the address at the top of this letter or scan a copy to the email address at the bottom of this letter or on behalf of the severely mentally impaired person, making sure that Section 3 is completed by his/her registered medical practitioner. Should the application be successful, a discount will be shown on your Council Tax Bill.

Items marked with an asterisk (*) must be completed.

SECTION 1 – PROPERTY GIVING RISE TO THE CHARGE / APPLICANT DETAILS	
Title*	
Forename*	
Surname*	
Address*	
Reference Number	
Telephone Number*	
Mobile	
Email Address*	
Total number of adult residents in the property (aged 18 or over)*	
SECTION 2 – GROUNDS FOR APPLICATION	
Is the person for whom this application is made entitled to one of the following benefits or would be if he/she had not reached pensionable age? (please tick the appropriate benefit and give the reference number and date started below)	<div style="list-style-type: none; padding-left: 0;"> <input type="checkbox"/> Employment and Support Allowance <input type="checkbox"/> Attendance Allowance <input type="checkbox"/> Severe Disablement Allowance <input type="checkbox"/> Disability Living Allowance (middle or high care component) <input type="checkbox"/> An increase in disablement pension for constant attendance </div>

Telephone: 01908 253794

Email: counciltax@milton-keynes.gov.uk

Website: <http://milton-keynes.gov.uk/Council-Tax>

	<input type="checkbox"/> Disability Working Allowance <input type="checkbox"/> Un-employability supplement / Allowance <input type="checkbox"/> Constant Attendance Allowance <input type="checkbox"/> Income support (which includes a disability premium) <input type="checkbox"/> Personal Independence Payment (Daily Living Component) <input type="checkbox"/> Universal Credit (with a limited capability for work element)
Reference Number:	Date:
NOTE: you may be asked to produce an Order Book or current Award Notice as proof of entitlement.	
SECTION 3 – CERTIFICATE OR REGISTERED MEDICAL PRACTITIONER	
<i>I confirm that in my opinion the individual named in section 1 is suffering from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.</i>	
Doctor's Name	
Doctor's Signature (by signing you are confirming the statement at the top of section 3)	
Practice stamp	<div style="font-size: 48px; opacity: 0.5;">STAMP HERE</div>
Practice Address	
Date of Diagnosis	



Revenues Department
Milton Keynes Council
PO Box 5327
Civic Offices
1 Saxon Gate East
Central Milton Keynes
MK9 3ZA

Declaration

I confirm that the information given above is, to the best of my knowledge, true and accurate. I also undertake to notify the Council within 21 days of any change of circumstances which may affect my entitlement to the discount or exemption and that failure to do so may result in a £70 penalty being incurred.

Milton Keynes Council collects and uses information about you to calculate and collect the Tax in accordance with The Local Government & Finance Act 1992. Full details about how we use this data and the rights you have around this can be found at www.milton-keynes.gov.uk/privacy

If you have any data protection queries, please contact the Data protection officer at data.protection@milton-keynes.gov.uk. For more information please read our corporate [Data Protection statement](#) and/or the [Council Tax Privacy Notice](#).

Full Name (BLOCK CAPITALS)	
Signature	
Date	
Telephone	
If you are a representative submitting this form on behalf of the applicant, please state your relationship/profession.	

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