WHAT ARE DISCOUNTS?

The Council Tax is based on two adults (people aged 18 or over) living in your home. If only one adult lives in the property, you can apply for a discount of 25%. In some cases, even if there are two or more adults living in a property, we may give a discount of up to 50% (one half) or an exemption (which means you do not have to pay Council Tax). This is because we do not count certain people when we decide how many adults live in the property.

When someone is not counted, this means that they are ‘disregarded’ for Council Tax discount purposes. If two adults live in a property and we disregard one, you can apply for a 25% discount. If we disregard all the adults, you can apply for a discount of 50%, or an exemption.

PEOPLE WHO ARE SEVERELY MENTALLY IMPAIRED

We can disregard a person for Council Tax if they are severely mentally impaired. For this purpose, a person is severely mentally impaired if their intelligence and their ability to behave in social circumstance is permanently affected.

APPLICATION FOR A COUNCIL TAX DISCOUNT
(SEVERELY MENTALLY IMPAIRED)

Please complete this form in CAPITAL LETTERS and black ink

COUNCIL TAX DISCOUNT

Income and Awards
PO Box 1761
Solihull
West Midlands B91 9RR

Help line number: 0121 704 8100
Email: council.tax@solihull.gov.uk

Your name and address (including postcode): 

Council Tax Account no: 

Date: 

Please use this form if you think we should give you a reduction because you are, or someone who lives with you, is severely mentally impaired.
PEOPLE WHO ARE SEVERELY MENTALLY IMPAIRED

For a person to be disregarded they must be confirmed by a registered medical practitioner as being severely mentally impaired, and must be entitled to one of the following benefits:

- Incapacity Benefit
- Employment Support Allowance
- An Attendance Allowance
- Severe Disablement Allowance or Invalidity Pension
- Personal Independence Payment
- Disability Living Allowance (highest or middle rate of the care component)
- An increase in the rate of Disablement Pension
- Disability Working Allowance where the qualifying benefit is Severe Disablement Allowance, Incapacity Benefit or (from 1 April 1997) Income Support with a disability premium.
- Unemployability Supplement
- Constant Attendance Allowance
- Unemployability Allowance
- Income Support where this includes a disability premium

The person can also be disregarded if:

- They would be entitled to one of the above benefits if they had not reached pensionable age; or
- They have a partner who gets Jobseeker’s Allowance which has been increased because they cannot work.

You may not have to pay Council Tax on properties lived in only by people who are severely mentally impaired. In order to qualify, the severely mentally impaired person would have been the person liable to pay the Council Tax if it had to be paid.

SECTION 1 THE SEVERELY MENTALLY IMPAIRED PERSON

You must fill in this section.

The person who is responsible for paying Council Tax should fill in the form. If you fill in this form for them please give us your full name in the box below.

Name of person filling in the form:

Name of Council Tax Payer:

How many people aged 18 or over live in the property:

Give the full name of the severely mentally impaired person:

First names: [ ] Mr [ ] Mrs [ ] Miss [ ] Ms

Surname:
Incapacity Benefit

Employment Support Allowance

Attendance Allowance

Severe Disablement Allowance

Personal Independence Payment

Disability Living Allowance (highest or middle rate of care component)

An increase in the rate of Disablement Pension

Disability Working Allowance where the qualifying benefit is Severe Disablement Allowance, Incapacity Benefit or (from 1 April 1997) Income Support with a disability premium

Unemployment Supplement

Constant Attendance Allowance

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How long has the person lived in this property? (Please give the exact date if this is after 31 March 1993)

Please give the date the person became severely mentally impaired:

Please give the name and address of the severely mentally impaired person’s doctor:

If there is more than one severely mentally impaired person living at this address, please fill in a separate discount form for each person.

SECTION 2 BENEFIT DETAILS

You must fill in this section.

Please provide proof of benefit, pension or allowance. We will accept a copy of the cover and first page of your book or copy of your letter of entitlement.

Which benefits, pensions and allowances is the person entitled to receive? (Please tick which apply).

- Incapacity Benefit
- Employment Support Allowance
- Attendance Allowance
- Severe Disablement Allowance
- Personal Independence Payment
- Disability Living Allowance (highest or middle rate of care component)
- An increase in the rate of Disablement Pension
- Disability Working Allowance where the qualifying benefit is Severe Disablement Allowance, Incapacity Benefit or (from 1 April 1997) Income Support with a disability premium
- Unemployment Supplement
- Constant Attendance Allowance
Income Support where this includes a disability premium

Does the person have a partner who gets Jobseeker’s Allowance which has increased because they cannot work?

SECTION 3 CHANGES AND REVIEWS

You must fill in this section.

If your claim for a discount or exemption is successful and we reduce your Council Tax, by law you must tell us about:

• Any occupant(s) who move in or out of the property
• Any change of circumstances
• Any change in the circumstances of the severely mentally impaired person; or
• If the severely mentally impaired person moves house

We will also send you a review form each year which you should fill in and return.

SECTION 4 DECLARATION

You must fill in this section (please tick which applies)

I am the applicant named on this form. YES NO

I am applying for the applicant named on this form YES NO

The information and any supporting evidence I have given on this form is true and complete. I will tell you about any change in circumstances within 21 days which may affect this application for a discount. If I do not tell you, I understand that I may have to pay a penalty of up to £280.

I authorise you to ask for a certificate of severe mental impairment from the doctor named on this form.

Your signature: ___________________________ Date: ___________________________

Phone number (Please provide your phone number if you prefer to be contacted by phone):

Email address (Please provide your e-mail address if you prefer to be contacted by e-mail):

RETURN COMPLETED FORMS TO:
SOLIHULL MBC, INCOME AND AWARDS PO BOX 1761, SOLIHULL, WEST MIDLANDS, B91 9RR
SECTION 5 DATA PROTECTION – FAIR PROCESSING NOTICE

We use the information you provide to work out your Council Tax and to assess entitlement to any reductions, discounts or exemptions applied for.

We may pass this information on to other organisations to confirm details, to protect public funds, prevent and detect fraud and crime or as required by law. We may also share it with other Council services and partner organisations to make sure our records are accurate and to help us identify services you may be entitled to or be interested in (such as free school meals, other benefits, grants and entitlements towards disability, support and care services).

Partner organisations include government departments (such as the Department for Work and Pensions, HM Revenue & Customs and the Home Office), other Councils and private sector organisations such as banks, credit reference agencies and organisations that lend money.

For further information please refer to the Council’s Privacy Statement on www.solihull.gov.uk or contact systemscontrol@solihull.gov.uk

SECTION 6 FOR OFFICE USE ONLY

Action taken

Discount granted: YES NO

Discount code:

Other:

Actioned by (signature):

Date actioned: