

Council tax discount for someone with severe mental impairment

To qualify for this discount, the person must receive one or more of the benefits detailed in question 3. Please send your completed application form to:

Kirklees Council, Welfare & Exchequer Services, PO Box 1661, Huddersfield, HD1 9SR

Council Tax Account Number: _____

1. Name and address of the person you wish to claim the discount for

2. How many adults, aged 18 or over live at this address? _____

3. Is this person entitled to one or more of the following benefits? **Please Tick**

- | | |
|---|--|
| <input type="checkbox"/> Employment Support Allowance | <input type="checkbox"/> Constant Attendance Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Care Component of a Disability Living Allowance, paid at the highest or middle rate |
| <input type="checkbox"/> Unemployability Supplement | <input type="checkbox"/> An increase in the rate of Disablement Pension |
| <input type="checkbox"/> Unemployability Allowance | <input type="checkbox"/> Income Support where applicable amount includes disability premium |
| <input type="checkbox"/> Disabled Persons Tax Credit | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Daily Living Component of Personal Independence Payment, paid at standard or enhanced rate | |

Please provide evidence of your entitlement. Please do not send valuable documents through the post.

4. Date benefit started _____ / _____ / _____

5. What date would you like to claim this disregard/exemption from? _____ / _____ / _____

Request to the medical practitioner

We need to ask the person's medical practitioner to confirm these circumstances. Please complete this declaration giving us permission to contact their medical practitioner. Without this permission we will not be able to consider a claim for council tax discount.

I give permission on behalf of _____ (name),
living at _____
_____ (address), for the

Welfare & Exchequer Service to contact their medical practitioner named below to check medical details necessary to claim this council tax discount.

Doctor's name _____

Doctor's surgery or hospital address

Signed on behalf of person named above _____

Print name _____

Address (if different) _____

Contact telephone number _____

Declaration to be signed by the council tax payer

The information on this form is accurate.

Signed _____ Date _____

Print name _____

Contact telephone number _____