



**COUNCIL TAX
APPLICATION FOR DISREGARD
For persons enduring a mental impairment**

Thank you for your recent enquiry, regarding a disregard from Council Tax for the above reason.

I would be grateful if you could please complete the below details.

Name of person who is enduring the mental impairment	
Council Tax account no:	
Address:	
Names of other residents:	

For the purposes of the above disregard the person concerned must be entitled of one or more of the following benefits. Please tick which benefit you receive:

Incapacity Benefit under section 30a of the Social Security (Contributions & Benefits) Act 1992. Employment & Support Allowance	<input type="checkbox"/>	Incapacity Benefit under sections 40 & 41 of the Social Security (Contribution & Benefits) act 1992	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	Constant Attendance Allowance	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	The standard or enhanced rate of the daily living component of the Personal Independence Payment	<input type="checkbox"/>
Disability Living Allowance middle or high rate (Care Component)	<input type="checkbox"/>	Armed forces Independence payment under the Armed Forces and Reserve Forces(Compensation Scheme) Order 2011	<input type="checkbox"/>
Disablement Pension	<input type="checkbox"/>	An increased rate of Universal Credit due to a limited capability for work or limited capability for work and work-related activity	<input type="checkbox"/>
Disability Working Allowance	<input type="checkbox"/>	Unemployment Supplement	<input type="checkbox"/>
Income Support with a Disability Premium	<input type="checkbox"/>	Unemployment Allowance	<input type="checkbox"/>

Confirmation of the above benefit must also be supported with documentary proof of entitlement. For example, a letter from the Department of Work and Pensions confirming your entitlement. Please note a disregard cannot be awarded without this proof.



The person completing the form should please sign below:

Name:	Signed:
Date:	Phone No:

What happens next?

Copeland Borough Council is required under the Local Government Finance Act 1992 to write to your GP for confirmation.

I would therefore be grateful if you could complete the authorisation below which will allow me to approach the Doctor.

AUTHORISATION TO APPROACH CLAIMANT'S DOCTOR

I agree to Copeland Borough Council's Revenues Team approaching the claimant's Doctor for the purpose of obtaining a certificate confirming that,

Name:	
Address:	

Is severely mentally impaired under the provisions of the Local Government Finance Act 1992.

Doctor's Name:	
Address of Practice:	
Signed:	
Print Name:	

If you have any questions regarding the above form, please do not hesitate to contact the Revenues Team on 01946 598300, or by email on ctax@copeland.gov.uk

Yours sincerely,

Revenues Team