

**COUNCIL TAX  
APPLICATION FOR DISREGARD  
Severe 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 severely mentally impaired:	
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		Incapacity Benefit under sections 40 & 41 of the Social Security (Contribution & Benefits) act 1992	
Attendance Allowance		Constant Attendance Allowance	
Severe Disablement Allowance		The standard or enhanced rate of the daily living component of the Personal Independence Payment	
Disability Living Allowance middle or high rate (Care Component)		Armed forces Independence payment under the Armed Forces and Reserve Forces(Compensation Scheme) Order 2011	
Disablement Pension		An increased rate of Universal Credit due to a limited capability for work or limited capability for work and work-related activity	
Disability Working Allowance		Unemployment Supplement	
Income Support with a Disability Premium		Unemployment Allowance	

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](mailto:ctax@copeland.gov.uk)

Yours sincerely,

Revenues Team