

**APPLICATION FOR  
COUNCIL TAX DISCOUNT  
FOR  
SEVERE MENTAL IMPAIRMENT**

**Customer, Business & Corporate  
Support Directorate  
Suzanne Jones**  
St Albans District Council  
Council Tax Section  
District Council Offices  
Civic Centre, St Peters Street  
St Albans, Herts. AL1 3JE  
Telephone: (01727) 866100

Date:

**This form is an application for a Council Tax discount due to severe mental impairment (SMI) and is also a certificate for a Doctor or qualified medical practitioner to confirm that the applicant is severely mentally impaired for Council Tax purposes.**

**To qualify for Council Tax discount, a person who is severely mentally impaired must be in receipt of at least one of the following state benefits:**

- Universal credit (the limited capability for work/limited capability for work and work related activity element must be included)
- Employment and Support Allowance (ESA)
- Attendance Allowance (AA)
- The standard or enhanced rate of the daily living allowance component of Personal Independence Payment (PIP)
- The middle or highest rate of care component of disability living allowance (DLA)
- Armed forces independent payment
- The disability element in working tax credit
- Incapacity benefit (IB) or severe disablement allowance
- An increase in disablement pension for constant attendance
- Unemployability supplement (abolished in 1987 but existing claimants remain eligible)
- Constant attendance allowance or unemployability allowance payable under the industrial injuries or war pension schemes
- Income support including a disability premium because of incapacity to work

If you would have been entitled to one of the above benefits except for the fact you have reached pension age, you still qualify for the discount.

You also qualify if your partner gets income-based job seekers allowance which includes a disability premium or higher pensioner premium because

- they get the long-term rate of IB; or
- they were either in receipt of long-term IB up to pension age and are still alive or are entitled to AA/DLA but have been in hospital for more than 28 days

**Section 1. Application Information – the name and address of the severely mentally impaired person (applicant)**

|                          |
|--------------------------|
| <b>Full Name(s):</b>     |
| <b>Property Address:</b> |

**Section 2. Residents – please list below all current adult residents in the property**

| <b>Title</b> | <b>Forename</b> | <b>Surname</b> |
|--------------|-----------------|----------------|
|              |                 |                |
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**Section 3. Contact Details – if you are completing this form on the applicant’s behalf, please supply your own contact details:**

|                                   |
|-----------------------------------|
| <b>Full Name:</b>                 |
| <b>Contact Address:</b>           |
| <b>Telephone Number:</b>          |
| <b>Email address:</b>             |
| <b>Relationship to Applicant:</b> |

**Section 4. Applicant declarations – to be completed by the applicant or person acting on the applicant’s behalf**

**I declare the information given above is correct to the best of my knowledge and belief.  
I declare that the applicant named in section 1 above is entitled to one or more of the qualifying benefits and I enclose evidence of this entitlement.  
I confirm I have read the privacy notice attached.**

|                   |
|-------------------|
| <b>Name:</b>      |
| <b>Signature:</b> |
| <b>Date:</b>      |

**Section 5. Doctor – to be completed by the applicant or person acting on the applicant’s behalf**

|                                  |
|----------------------------------|
| <b>Doctor name:</b>              |
| <b>Surgery/Hospital address:</b> |

**Section 6. Doctor Certification – to be completed by the doctor:**

**I certify in my opinion that the applicant named in section 1 above** has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

|   |              |
|---|--------------|
| <b>Date Severe Mental Impairment applicable from:</b> |              |
| <b>Name:</b>  |              |
| <b>Signature:</b>                                     | <b>Date:</b> |
| <b>Surgery Stamp (if available):</b>                  |              |

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| <p><b><u>Instructions for Applicant (or person assisting the applicant):</u></b></p> <p>Please send the completed form to the applicant’s doctor (usually their General Practitioner) to request their certification that the applicant is severely mentally impaired. In most cases, the doctor will be familiar with the applicant’s medical history and may not need to see him/her before completing the certificate.</p> <p>Once you have received the completed form back from the Doctor, please send the form and evidence of entitlement to benefits to the address at the top of this form.</p> <p><b><u>Instructions for Doctor:</u></b></p> <p>Please return this certificate, once completed, to the Applicant or the person assisting them using the contact details in section 3.</p> |
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**Privacy Notice**

The information on this form is necessary to administer your council tax and fulfil the council’s statutory functions. It will not be used for any other purposes. St Albans City and District Council is committed to protecting your privacy when you use our services. Our privacy notice explains how we use information about you and how we protect your privacy - <https://www.stalbans.gov.uk/sites/default/files/attachments/Council%20Tax%20-%20Severe%20Mental%20Impairment%20privacy%20notice%20July21.pdf>

Once you have received the completed form back from the Doctor, please send the form and evidence of entitlement to benefits to the address at the top of this form. This form and the relevant evidence can also be scanned and returned by e-mail to [CouncilTax@stalbans.gov.uk](mailto:CouncilTax@stalbans.gov.uk) – Please include the eight digit Council Tax account number in <chevrons> anywhere in the subject line of the e-mail, like this <12345678>.