

Council Tax Discount/Exemption: Severely Mentally Impaired

Anyone who is medically certified as being Severely Mentally Impaired (SMI) will be disregarded for Council Tax purposes and may be eligible for a Council Tax discount or exemption.

To be eligible, the person must be assessed as SMI by a Registered Medical Practitioner **and** must also be entitled to one of the benefits listed on this form.

Conditions that can lead to severe mental impairment include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. Having one of these conditions does not in itself mean that person will be assessed as SMI by a Registered Medical Practitioner.

Council Tax discount/exemption:

- If you have been assessed as SMI by a Registered Medical Practitioner and you live with one adult who is eligible to pay Council Tax, your household will receive a 25% discount.
- If you have been assessed as SMI by a Registered Medical Practitioner and you are living alone or only with others who are SMI, you will be exempt from paying Council Tax.
- If you have been assessed as SMI by a Registered Medical Practitioner and you live with 2 or more adults who are eligible to pay Council Tax there will be no discount.

APPLICATION FORM COUNCIL TAX DISCOUNT/EXEMPTION

PART A: Personal Information

Full name of the person applying to be disregarded as SMI:

Full Name:

NI Number:

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Address:

Telephone Number:

Total number of adults (18 years of age or over) living at this address:

Please complete this form with the details of all current residents:

Title	Forename	Surname	Student Y/N	Owner Y/N	Tenant Y/N	Married or Civil Partner Y/N	Partner Y/N	Date of Birth (if 16 or 17 years)	Date Moved In

By law West Lothian Council must protect the money we manage. We will share information you give us with other organisations responsible for auditing or managing public funds, to prevent and detect fraud. We will review awards of discount and exemption and reserve the right to use credit reference agencies to validate any such awards.

Please complete Part B overleaf

PART B: Declaration of Benefit Entitlement

A person may only be exempt or disregarded if they are entitled to one of the following benefits.

If you are receiving or entitled to any of the benefits listed below, please provide evidence, such as a copy of the award letter or payment document.

Please tick the relevant box(es):

Date you started receiving the benefit:

<input type="checkbox"/> Adult Disability Payment (standard or enhanced rate of daily living component)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Incapacity Benefit	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Attendance Allowance	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Severe Disablement Allowance	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Disability Living Allowance (higher or middle rate care component)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> An increase in disablement pension (as constant attendance is needed)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Employment and Support Allowance	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Working Tax Credit (which includes a disability or severe disability element)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Income support (which includes a disability premium)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Unemployability Supplement or Allowance	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Constant Attendance Allowance	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Personal Independence Payment (daily living component)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Armed Forces Independence Payment	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Universal Credit (where a person has limited capability for work and work related activity)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Pension Age Disability Payment (lower or higher rate)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
<input type="checkbox"/> Scottish Disability Living Allowance (care component)	<input type="checkbox"/> D <input type="checkbox"/> D	<input type="checkbox"/> M <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y

Please have your doctor or medical practitioner complete Part C overleaf.

You must complete Part D.

**PART C: Doctor or Medical Practitioner's Declaration
(to be completed by the Doctor/Medical Practitioner)**

Name of the doctor/medical practitioner:

Contact details of surgery/hospital

Address:

Telephone Number:

A person is regarded as severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Local Government Finance Act 1992 (Schedule 1, Paragraph 2).

I can confirm the person named in **Part A** is SMI as defined above (please tick box)

Yes No

A Council Tax discount/exemption may be backdated. For the purposes of this form, please enter below the date from which you would consider the patient meets the SMI criteria.

Doctor's signature:

Date of SMI:

<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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Official Stamp:

Note: GPs should not charge for the diagnosis and/or completion of this form.

British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).

PART D: Applicant's Declaration

I declare that to the best of my knowledge the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given. I am aware that if there is a change of circumstance that may affect my entitlement to discount or exemption I am required to notify the Council immediately.

Applicant's signature:

Date:

<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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If you are completing the form on behalf of the applicant, what is your relationship to them?

Name of the person acting on the applicant's behalf:

Address of the person acting on the applicant's behalf:

Telephone Number of the person acting on the applicant's behalf:

E-mail of the person acting on the applicant's behalf:

Signature of the person acting on the
applicant's behalf:

Date:

<input type="checkbox"/> D	<input type="checkbox"/> D	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
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Your application will be processed in accordance with the General Data Protection Regulations (GDPR) 2018. To view a copy of the Council Tax Privacy Notice go to www.westlothian.gov.uk

Please note the date of any award will be based on –

The date from which a registered medical practitioner certifies the condition has existed, **and** Verification or evidence of entitlement to one of the qualifying benefits outlined in **Part B**.

If you have any queries you can:

Telephone: 01506 280000
Email: CouncilTax@westlothian.gov.uk

Write to: Revenues Unit
Civic Centre
Howden South Road
Livingston
EH54 6FF