



Enquiries to: **Billing Section**
 Direct Dial: **(01827) 719357**

Date of issue:	
Account Ref	
Uprn:	

Please complete this form and return to:
 COUNCIL TAX DEPARTMENT
 COUNCIL HOUSE
 SOUTH STREET
 ATHERSTONE
 CV9 1DE
 Telephone: **01827 719357**
 Email: counciltax@northwarks.gov.uk



**APPLICATION FOR PERSONS TO BE DISREGARDED
 FOR THE PURPOSE OF COUNCIL TAX**

This form is to be completed and returned by the person responsible for payment of the Council Tax (the liable person), unless the liable person is **severely mentally impaired** in which case it may be completed by another person.

A person who suffers from impairment of intelligence and social functioning (however caused) which appears to be permanent. Anyone who claims for this disregard will need to give permission to the Council to contact the Medical Practitioner of the person concerned in order to confirm the impairment. In addition to this, the person seeking the disregard must be in receipt of at least one of certain allowances (see part three).

PART 1: Please provide the following details of the person who is severely mentally impaired:

Name:		D.O.B.	
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Property Address:	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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PART 2: Details of impairment:

Does the above named person suffer from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give brief details of the impairment:		
Start date of claim:			

PART 3: Please confirm which of the following benefits the applicant is in receipt of:

Benefit/Allowance :	Tick if applicable :
Incapacity Benefit	
Attendance Allowance	
Severe Disablement Allowance	
Higher or Mid Rate Care component of Disability Living Allowance <u>or</u> Daily living component of Personal Independence Payment (PIP)	
Income Support with disability premium	
Increased Disablement Pension	
Disabled persons tax credit	
Unemployability Supplement/Allowance	
Constant Attendance Allowance	
Employment Support Allowance (Support Component)	
Disability Working Allowance	
Universal Credit (including an element for limited capability for work and work related activity)	

Please note: the allowance/pension book or written confirmation from the Department of Work and Pensions must be produced when making the application. These documents must confirm the start date of the claim.

PART 4: Details of the Doctor of the Impaired Person

This part is to be completed by the Severely Mentally Impaired person (if the person is unable to complete the form please arrange for a suitable person to complete the form on their behalf). NHS guidelines confirm that the certificates should be issued without charge to the patient or their representative.

Name of Doctor:
Name of Practice:
Practice Address:
Practice tel. No:
I hereby give North Warwickshire Borough Council permission to contact my doctor to confirm that I am Severely Mentally Impaired. (If the person is unable to sign the form please arrange for a suitable person to sign on their behalf).	
Signature:
Name (if not severely mentally impaired person):
Relationship to Impaired person:

I declare that the information given above is correct to the best of my knowledge and belief.	
Signed:	Name (BLOCK CAPITALS):
Tel:	Date:
E-mail:	

**IMPORTANT: You must notify the Council Tax Department if the above circumstances change.
If you fail to do so, you may be subject to a penalty of £70.**