# **Explanatory Notes**

### Council Tax Severely Mentally Impaired Exemption-Class U

### Who can apply?

For Council Tax purposes a person is considered as being severely mentally impaired if he or she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent.

This can include people suffering from Alzheimer's disease, strokes and similar illnesses.

#### When will an exemption be awarded?

A property is exempt from Council Tax when the only adult resident or all of the adult residents are severely mentally impaired.

### **Exemption conditions**

To be eligible, the person's doctor will be asked to certify the impairment. The person must also be entitled to one of these benefits:-

- Employment and Support Allowance
- Incapacity Benefit
- Attendance Allowance
- Disability Living Allowance paid at the middle or highest rate of the care component
- Personal Independence Payment paid at the enhanced or standard rate of the daily living activity component
- Severe Disablement Allowance
- An increased rate of Disablement Pension due to constant attendance needed
- Working Tax credit including a disability element
- Unemployability Allowance or Supplement
- Income Support Disability Premium
- Constant Attendance Allowance

### **Evidence of benefits**

Applicants will need to provide the details of each resident's doctor alongside evidence of his or her eligibility for one of the benefits required for this exemption.

#### What happens next?

Once we receive your application supporting evidence, we will write to your Doctor. Upon a response from the Doctor we will assess it and if you are successful we will issue a reduced Council Tax bill.



### **A**ppeals

If the Royal Borough decides not to award an exemption you can appeal in the first instance to the Council Tax office within 28 days of notice of the decision stating your reasons.

### PLEASE NOTE:

Making an application for a discount is not grounds for non-payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted.

You are obliged to advise us within **21 days** of any changes in circumstances that may affect your entitlement to the exemption (Such as other people moving in with you). Royal Borough of Greenwich reviews exemptions each year and we may write to you or your representative asking for confirmation that the exemption is still correct.



## Class U - Properties occupied by the severely mentally impaired

Please read the supplementary notes before competing this form as you may need to provide supporting evidence or information that is not readily available.

Please note:-

Making an application for a discount or exemption is not grounds for non payment of Council Tax. Payment must be made in accordance with the bill already issued until you have received confirmation that the request has been granted,

| Name of person claiming this exemption:  |  |
|--|--|
|  |  |
| Address of applicant:  |  |
| and the second sec |  |
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|  |  |
|  |  |
|  |  |
| Council Tax account reference number:  |  |
|  |  |
| Desussantstives names address and souther strangery (if as slightly)   |  |
| Representatives name, address and contact number (if applicable)   |  |
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|  |  |
| IF YOU ARE IN RECEIPT OF ANY OF THE FOLLOWING BENEFITS THEN  |  |
| PLEASE TICK THE RELEVANT BOX   |  |
| Employment and Support Allowance   |  |
| Incapacity Benefit   |  |



| Attendance Allowance  |  |
|---|--|
| The Care component of the Disability Living Allowance payable at either the         |  |
| middle or the highest rate  |  |
| Personal Independence payment paid at the enhanced or standard rate of the          |  |
| daily living activity component.  |  |
| Severe Disablement Allowance  |  |
| An increase in the rate of his/her disablement pension due to the need for Constant |  |
| Attendance  |  |
| Working Tax Credit  |  |
| Unemployability Supplement  |  |
| Income Support Disability Premium   |  |

| Constant Attendance or Employability Allowance under:-  |     |
|---|-----|
| (1) Article 14 or Article 18 respectively of the Personal Injuries (Civilians)<br>Scheme 1983: or | (1) |
|   | (2) |
| (2) Article 14 or Article 18 respectively of the Naval, Military and Air Force etc                |     |
| (Disablement and Death) Service Pensions Order 1983   |     |
|   |     |

I will need you to supply me with proof of the benefit entitlement. A letter from the Benefits Agency will suffice.



Please complete the slip below and arrange for the severely mentally impaired person (or someone authorised to act on their behalf), to sign the declaration authorising the Royal Borough of Greenwich to approach his/her General Practitioner.

### I hereby authorise the Royal Borough of Greenwich to approach:

Name of practitioner:

Address of practice:

How many adults over the age of 18 reside in this property?

Date condition first diagnosed

Signature: \_\_\_\_\_

Full Name:

\_\_\_\_\_ Date \_\_\_\_\_



### Declaration

#### Please read carefully before you sign.

I/we understand the information contained on this form is correct and complete and I/we agree to notify the Council Tax section immediately should there be a change in circumstances that may affect the discount.

I/we understand that anyone who provides false information or fails to notify a change of circumstances for the purpose of obtaining / retaining a Council Tax reduction discount is committing an offence and may be liable to prosecution.

The Royal Borough of Greenwich has a duty to protect the public funds it administers and may use the information you have provided on this form within this authority for the prevention and detection of fraud. We may also share this information with other bodies administering public funds which may include other councils and government departments.

I/We have read, understood and agree to comply with the declaration above.

| Your signature           | Date          |
|--------------------------|---------------|
|                          |               |
| Daytime telephone number | Email address |

Please return this application form, with any supporting documents that may have been requested to;

Royal Borough of Greenwich Revenues & Benefits Service Director of Finance The Woolwich Centre 35 Wellington Street London SE18 6HQ

