



Comhairle nan Eilean Siar

Sandwick Rd, Stornoway, HS1 2BW

Telephone: 01851 600502

COUNCIL TAX DISCOUNT/EXEMPTION SEVERELY MENTALLY IMPAIRED

Council Tax Ref. No.	
Property Address	

The Council Tax due on a property may be discounted or exempted if one or more of the occupants has a severe impairment of intelligence and social functioning which appears to be permanent. The condition of each person affected must be certified by a registered medical practitioner and they must be entitled to one or more of the benefits listed overleaf.

This form should be completed by the person liable to pay Council Tax or their representative and returned to the address above.

1. Details of person suffering from permanent severe impairment of intelligence and social functioning (if more than one of the occupants suffer from severe mental impairment please complete a separate form for each person).
a) Name _____
b) Date of birth _____/_____/_____
c) Brief description of impairment _____ _____
d) Date impairment started _____/_____/_____

2. Details of property occupation
a) Is the person named at 1. above the only person living at the property? YES <input type="checkbox"/> NO <input type="checkbox"/>
b) If NO please give name(s) of all persons living at the property:- _____ _____ _____

(please continue overleaf)

3. The person named at 1. above is entitled to one or more of the following benefits (please tick all that apply and provide evidence – eg. copy of notification letter)

- | | |
|---|--|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Armed Forces Independence Payment |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Employment and Support Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Income Support which includes a Disability Premium |
| <input type="checkbox"/> The higher or middle rate of the care component of Disability Living Allowance | <input type="checkbox"/> Their partner receives Jobseekers Allowance (JSA) which includes a disability premium |
| <input type="checkbox"/> An increased rate of Disablement Pension for constant attendance | <input type="checkbox"/> The daily living component of Personal Independence Payment |
| <input type="checkbox"/> Disabled person's tax credit | <input type="checkbox"/> Constant Attendance Allowance |
| <input type="checkbox"/> Disability Working Allowance | |
| <input type="checkbox"/> Unemployability Supplement or Allowance | |

4. Certificate to be completed by registered medical practitioner.

- a) I confirm that person named at 1. overleaf suffers from severe impairment of intelligence and social functioning which appears to be permanent.
- b) Please describe the nature of the impairment and the medical term _____

Name of registered medical practitioner: _____

Medical practice stamp

Address: _____

Contact telephone no. _____

Signature _____ Date ____/____/____

5. To be completed by person notifying us

The particulars shown on this form are true, accurate and complete to the best of my knowledge and I authorise Comhairle nan Eilean Siar to verify the details. Any changes in circumstance that may affect Council Tax liability will be notified to Comhairle nan Eilean Siar immediately.

Signed _____ Date _____

Name _____ phone _____

mobile _____

Contact Address _____

Postcode _____

Email Address _____

Forms can be returned by mail to the address shown above or scanned and returned by email to counciltax@cne-siar.gov.uk

This authority is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

More information can be found at <https://www.cne-siar.gov.uk/your-council/data-protection/>