



Havering
LONDON BOROUGH

**Council Tax and Benefits Service
Exchequer and Transactional Services**
London Borough of Havering
Town Hall, Main Road
Romford RM1 3BB

**Please call our Contact Centre
Telephone : 01708 433997 (9am to 5pm)
Contact us: www.havering.gov.uk/counciltaxenquiry**

**Fax: 01708 432336
Textphone ☎ : 01708 433175
(deaf and hearing impaired)
Date:**

Your Reference :
Our Reference :

Dear

Council Tax Discount Disregard Application - The Severely Mentally Impaired

I understand that you are assisting the applicant with their application for the above discount.

Could you please complete PART A of this form.

PART B should be sent or taken to their doctor for him or her to complete.

Both forms should then be returned to me, along with proof of their entitlement to benefits.

Thank you for completing this form. Should you need to discuss this matter, please contact my staff on the above direct dial number.

Yours sincerely

Ian Johnson

IAN JOHNSON
For Council Tax and Benefits Service



INVESTOR IN PEOPLE



COUNCIL TAX DISCOUNT DISREGARD APPLICATION - THE SEVERELY MENTALLY IMPAIRED

PART A

Prop ref:
Account Ref:
Property address:

Full name of applicant:

Names of all adults over the age of 18, living in the property:

To qualify for a Council tax disregard, a person who is severely mentally impaired must be entitled to one of the following benefits. Please tick the appropriate box(es) he /she is entitled to:

- | | |
|---|---|
| <input type="checkbox"/> an incapacity benefit | <input type="checkbox"/> attendance allowance |
| <input type="checkbox"/> a severe disablement allowance | <input type="checkbox"/> the care component of a disability living allowance at middle or higher rate |
| <input type="checkbox"/> constant attendance allowance | <input type="checkbox"/> an increase in the rate of disablement pension due to the need for constant care |
| <input type="checkbox"/> an unemployability supplement | <input type="checkbox"/> disability working allowance |
| <input type="checkbox"/> an unemployability allowance | <input type="checkbox"/> the standard or enhanced rate of the daily living component of Personal Independence Payment |

IT IS IMPORTANT THAT YOU ENCLOSE PROOF OF THE ABOVE ENTITLEMENTS

I confirm that the applicant is entitled to one or more of the benefits listed above.

Signature of person acting on applicant's behalf

Date

Full name

Relationship to applicant

Address

Daytime telephone number:

You do not have to give this but it will help us to contact you quickly.
This number may be used for any queries regarding Benefit or Council Tax issues.



COUNCIL TAX DISCOUNT DISREGARD APPLICATION –



Havering
LONDON BOROUGH

THE SEVERELY MENTALLY IMPAIRED

PART B - To be completed by the doctor

Applicant

Address

For the purposes of the Local Government Finance act 1992, a person is severely mentally impaired if he / she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Doctor's name _____

Doctor's surgery / _____
Hospital address _____

I confirm that in my opinion, the applicant named above (Please tick the relevant box)

is severely mentally impaired and has been since ____ / ____ / ____

is not severely mentally impaired

Doctor's signature _____

Doctor's status _____

Date _____

Doctor's stamp



INVESTOR IN PEOPLE