

**COUNCIL TAX
DISCOUNT FOR PEOPLE WHO ARE
SEVERELY MENTALLY IMPAIRED
APPLICATION FORM**



YOUR NAME AND ADDRESS:

Revenue Services
County Hall
Mold
Flintshire CH7 6NA

Telephone Number: (01352) 704848

If you need to contact us, please quote your:-

Account Reference Number

A person who is severely mentally impaired is not treated as a resident for Council Tax purposes. This is known as a 'discount disregard'.

This means that, dependent on the number of other residents in your household, you may be entitled to a discount on the amount of Council Tax that you pay.

In order to qualify for a discount the person suffering from mental impairment must have a severe impairment of intelligence and social functioning, which appears to be permanent. The person must also be entitled to certain benefits and allowances from the Department of Work and Pensions.

We will look to see if you are entitled to a discount if you complete, sign and return this form to the above address.

Please complete this form in **BLACK INK**

If you need any help or advice to complete this form, you are welcome to visit one of our Connects Centres in Buckley, Flint, Connahs Quay or Holywell (opening times as advertised)

A	YOUR HOUSEHOLD DETAILS
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- Please tell us the names of all people aged 18 or over who are living in the property, including the person who is mentally impaired.

Title	First Name	Surname

B	THE PERSON SUFFERING IMPAIRMENT
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2. Please tell us the full name of the person who is suffering from mental impairment

Title	First Name	Surname

Please note - someone who is disregarded for council tax because they are severely mentally impaired cannot be jointly liable for council tax if someone else in the property has the same freehold or leasehold interest in the property, or if the property is rented, the person(s) who hold the tenancy.

3. Please tell us what allowances or benefits the person is entitled to – please tick the relevant box (es) :-

Incapacity Benefit/Pension	<input type="checkbox"/>	Unemployability Allowance	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	Unemployability Supplement	<input type="checkbox"/>
Disablement Pension Increment due to constant attendance needs	<input type="checkbox"/>	Constant Attendance Allowance	<input type="checkbox"/>
Disability Living Allowance, care at highest or middle rate under specific conditions	<input type="checkbox"/>	Personal Independence Payments (PIP) daily living enhanced rate	<input type="checkbox"/>
Disability Working Allowance under specific conditions	<input type="checkbox"/>		
Attendance Allowance	<input type="checkbox"/>	Armed forces independent payment	<input type="checkbox"/>

C	DECLARATION
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The information I have given on this form is correct. If I qualify for the Discount for Mental Impairment, I agree to tell Flintshire County Council if the person who is severely mentally impaired moves out of the property, or their circumstances change.

Your Signature _____ Date: _____

Your Full Name (Please print) _____

Your Relationship to person who is mentally impaired _____

Your Contact Telephone Number (_____) _____

The attached form should be passed to the mentally impaired person’s doctor or medical consultant, so that the doctor can decide whether, in his/her opinion, the person is suffering from permanent mental impairment. The doctor must make an opinion based on special guidelines issued by the Department of Health. Please ask the doctor to return this form back to you so that you can send it to the Council.

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D

DECLARATION BY A MEDICAL PRACTITIONER

Full Name of Person suffering Impairment _____

Full Address of Person suffering Impairment

Doctor's Practice Name/Hospital Address _____

I certify that in my opinion the person in respect of whom this application is made *is/is not* (please delete) suffering from severe mental impairment of intelligence and social functioning (however caused) which appears to be permanent, as defined by the Local Government Finance Act 1992, and has been since:-

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Doctor's/Consultant's Signature _____ Date: _____

Doctor's/Consultant's Full Name
(Please print) _____

Medical _____

NOTE TO THE DOCTOR/CONSULTANT

Please return the completed form to the person making this application. The declaration that you have made will only be used for the purposes of deciding whether a Council Tax discount can be awarded.

Privacy Notice

Flintshire County Council will use the information you give in this form, and any supporting evidence you provide to assess your liability for Council Tax. This is required under Local Government Finance Act 1992 and all other relevant regulations associated with the assessment of Council Tax.

This information will be retained on our systems for a period of 7 years until your customer account is closed and for an indefinite period where there is an ongoing liability to Council Tax.

We may share your information with other Council services in order to ensure our records are accurate and up-to-date, to improve the standard of the services we deliver, and to perform any of our statutory duties, including enforcement duties.

Flintshire County Council may check information you have provided, or information about you that someone else has provided, with other information we hold. We may also get information about you from certain third parties, or give information to them to:

- make sure the information is accurate
- prevent or detect crime
- the assessment or collection of any tax or duty or of any imposition of a similar nature
- protect public funds.

If you feel that Flintshire County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or by calling their helpline on 0303 123 1113.

For further information about how Flintshire County Council processes personal data and your rights, please see our privacy notice on our website – <http://www.flintshire.gov.uk/en/Resident/Contact-Us/Privacy-Notice.aspx>