

Revenues & Benefits Service

Please return this form completed to London Borough of Hackney, Council Tax Section, Keltan House, 89-115, Mare Street, Hackney, London E8 4RU.

APPLICATION FOR COUNCIL TAX EXEMPTION SEVERE MENTAL IMPAIRMENT

When completing this form, please make sure your address and reference number are clearly written.

1 Name

2 Council Tax Reference

3 Your address
Post Code

4 Your current address (if different from 3 above)
Post Code

5 What is the name of the severely mentally impaired person?

6 Has the severely mentally impaired person reached pensionable age? (Please tick)
YES NO

Please tick the Box of the benefits that the severely mentally impaired person either receives, is entitled to receive or would receive had they not reached pensionable age.

BENEFITS	CURRENTLY RECEIVE	ENTITLED TO RECEIVE
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income Support where a disability premium is included	<input type="checkbox"/>	<input type="checkbox"/>
Unemployability allowance under the Personal Injuries [civilian] scheme 1983 or the Naval Military and Air Forces [Diablerment and Deaths] Service Pension Order 1983	<input type="checkbox"/>	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Premium on a partners Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>

Constant attendance allowance under the Personal Injuries [civilian] scheme 1983 or the Naval Military and Air Forces [Diablement and Deaths] Service Pension Order 1983	<input type="checkbox"/>	<input type="checkbox"/>
Unemployability Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Care component of a disability living allowance at the higher or middle rate	<input type="checkbox"/>	<input type="checkbox"/>
Increase in the rate of disablement pension where constant attendance is needed	<input type="checkbox"/>	<input type="checkbox"/>
Disability working allowance where invalidity pension or severe disablement allowance was payable prior to the claim being made	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE ASK YOUR DOCTOR OR MEDICAL PRACTITIONER TO COMPLETE THIS PART

I hereby certify that in my opinion (name)

is is not suffering from severe impairment of intelligence and social functioning which appears to be permanent.

Doctor or Medical Practioners name

Doctor or Medical Practioners Signature

Please return this form even where you are not able to complete this certificate. If you have any queries, please contact the Council Tax office on 020 8356 3154 or mail Council.tax@hackney.gov.uk

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Additional Information – please add any additional information in support of your claim

- I confirm that the information given is correct to the best of my knowledge
- I understand Hackney Council may make enquiries to verify the information given
- I understand that I must notify the Council immediately if my circumstances change

Signed

Name (in capitals)

Contact Number