



Local Taxation (100TS)
PO Box 3176
Bristol City Council
Bristol BS3 9FS
Telephone Enquiries: (0117) 922 2900

**Council Tax Discount and Exemption Application
Severe Mental Impairment**

A. Applicants Details

Full name:

Address:

Date reduction claimed from:

B. Details of person acting for applicant

Full name:

Address:

Relationship to applicant:

**If there is a Power Of Attorney held or Court appointed Deputy in place
please attach a copy of these documents.**

C. Residents Details

It would assist me if you could supply a telephone number and/or E-mail
address in case a query arises

Please list below the names of all adults (over 18 years of age) living in the
property, apart from the applicant:

Do you consider that anyone else, apart from the Applicant is severely mentally impaired? (Yes/No):

D. Benefit Details

Please indicate which benefits the applicant is entitled to:

- Employment and Support Allowance
- Incapacity Benefit
- Attendance Allowance
- Any rate of the daily living activity care component of Personal Independence Payment
- The care component of the Disability Living Allowance payable at either the middle or the highest rate
- An increase in the rate of his or her disablement pension due to the need for constant attendance
- The disability element of Working Tax Credit
- Unemployability supplement (abolished in 1987 but existing claimant remain entitled)
- Income Support Disability Premium
- Universal Credit under Part 1 of the Welfare Reform Act which includes an amount if the person has limited capability for work
- Constant Attendance Allowance or Unemployability Allowance under one of the following:
 - Article 14 or Article 18 respectively of the Personal Injuries (Civilians) Scheme 1983
 - Article 14 or Article 18 respectively of the Naval, Military and Air Force etc. (Disablement and Death) Service Pensions Order 1983
- Armed Forces Independence Payment

Please enclose the appropriate evidence, showing the date when the applicant became entitled to one of these benefits.

Evidence of entitlement to one of the above benefits **must** be forwarded with this application, for example copies (not originals) of the department of works & pensions' letters.

E. Medical Details

Please complete this section so the Council will then contact the applicant's doctor.

I give permission on the applicant's behalf for you to contact the Medical Practitioner named below, to seek confirmation of the applicant's eligibility for discount or exemption on the grounds of severe mental impairment.

Doctors name:

Full address of surgery/hospital:

Signature of the person acting on applicants behalf (This should be the named person in Section B)

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