



Customer Services
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For Office Use Only CT11 02/16

Payment Ref.	
Date of Issue	

Council Tax Discount : Claim Form

Persons with a severe mental impairment

Background

A full council tax bill assumes that there are two adults (aged 18 or over) living in a household. If there are less than two adults living there a discount may be due. Persons with a severe mental impairment are not counted with adults when working out a discount. A property occupied only by persons with a severe mental impairment is exempt from Council Tax - this means that no tax is payable.

How to Claim (Complete in BLACK INK)

By the council taxpayer, or by their representative. Section 5 should be completed by a doctor. If you need any help to fill in this form please contact us.

Section 1 : Names of all residents in the household (aged 18 or over)

Section 2 : Your details (if you are filling in the form on behalf of the council taxpayer)

Your name _____

Relationship to the person named in section 3 _____

Your address _____

If you would like the council tax correspondence to come to you, tick here

Section 3 : About the person with the severe mental impairment

Full name _____

This person is entitled to:-

Incapacity Benefit (formerly Invalidity Benefit)	Please tick <input type="checkbox"/>	Constant Attendance Allowance as part of a War Pension or an Industrial Injuries Benefit	Please tick <input type="checkbox"/>
Attendance Allowance	<input type="checkbox"/>		
Constant Attendance Allowance	<input type="checkbox"/>	An Unemployability Supplement to Industrial Injuries Benefit	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>		
Middle or higher care component of Disability Living Allowance	<input type="checkbox"/>	An Unemployability Allowance as part of Industrial Injuries Benefit or War Disablement Pension	<input type="checkbox"/>
Disabled Tax Credit	<input type="checkbox"/>	Income Support which includes a Disability Premium on the grounds of incapacity for work	<input type="checkbox"/>
Their partner is entitled to an increased Job Seekers Allowance	<input type="checkbox"/>		
Personal Independence Payment	<input type="checkbox"/>	Employment and Support Allowance	<input type="checkbox"/>

Date benefit awarded from (If entitled to more than one benefit award give the date of the first award).

Please enclose evidence of the benefit payment, such as a copy of the award letter.

Section 4 : Declaration

1. I declare that all the details that I have given on this form are true and complete.
2. I shall notify the Council immediately if any of the details change.
3. I understand that Stirling Council must protect public funds and may use these details to prevent and detect fraud, part of this process may involve the use of credit reference agencies. I understand that the information may also be shared for the same purposes with other organisations handling public funds.
4. I understand that under the Data Protection Act I have a right to a copy of the information Stirling Council holds on me and that I may be charged for this service.

Signed
(Householder)

Date

e-mail address

Daytime
Phone No

(in case of query)

Section 5 : For completion by a registered medical practitioner

Background

For council tax purposes a person is severely mentally impaired if he or she has a severe impairment of intelligence and social functioning (however caused) **which appears to be permanent.**

Declaration

In my opinion the person named in section 3 is severely mentally impaired and has been from

Doctor's name (block capitals) _____

Surgery / hospital address _____

Status (G.P. etc) _____

Signature _____ Date _____