

TO:



Bolsover District Council, The Arc,  
 High Street, Clowne, Derbyshire S43 4JY  
 Council Tax Helpline: 01246 242440  
 Recovery Helpline: 01246 242560  
 Benefits Helpline: 01246 242436  
 Email: [revenues@bolsover.gov.uk](mailto:revenues@bolsover.gov.uk)

PROPERTY REFERENCE NUMBER:

DATE OF ISSUE:

# COUNCIL TAX DISCOUNT - DISREGARDED PERSONS SEVERELY MENTALLY IMPAIRED

A person will be disregarded for the purpose of discount if he/she is severely mentally impaired. A person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning which appears to be permanent. To qualify a person must be entitled to one of the qualifying benefits and also have a certificate completed by his/her doctor stating he/she is severely mentally impaired.  
 As the liable person please complete sections 1 and 2 and return this form to the Council.

## SECTION 1

Total number of adults resident in the property (include anyone aged 18 years or over)

Name and address of Severely Mentally Impaired Person	Benefits	Please tick
	1). Employment and Support Allowance	
	2). Personal Independence Payment (Daily living component)	
	3). Care component of a Disability Living Allowance (at higher or middle rate)	
	4). Increase in Disablement Pension for constant attendance	
	5). Disabled Person's Tax Credit	
	6). Unemployability Supplement	
	7). Attendance Allowance/ Constant Attendance Allowance	
	8). Unemployability Allowance	
	9). Income Support Disability Premium	
Date of birth:	10). Jobseekers Allowance Disability Premium	

**Please provide proof, eg. letter of entitlement, and state the date from which the benefit was granted**

Date benefit awarded:		Tel. No.:	
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## SECTION 2

Please provide the name of the applicant's doctor and his/her surgery address below:

Doctor's name	
Doctor's surgery address	
Doctor's telephone number	

I authorise the Council to contact the applicant's doctor in order to obtain the certificate set out in Section 3 below.

N.B. - The certificate will be used solely for the purpose of Council Tax disregards.

Signature of liable person:		Date:	
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**N.B. Please return this form to the Council Tax Section, address overleaf.**

## SECTION 3 CERTIFICATE OF REGISTERED MEDICAL PRACTITIONER

Please complete this section and return the form to the Council in the pre-paid envelope provided.

I certify that in my opinion .....

A) Is suffering from severe mental impairment

B) Is not suffering from severe mental impairment

(Please tick)

Doctor's name .....  Doctor's signature .....  Date .....,.....	Surgery/Hospital address (official stamp)
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All personal information provided to Bolsover District Council will be held and treated in confidence in accordance with the Data Protection Act 1998. Certain information may be shared with other council departments, third party organisations and for the prevention of fraud.