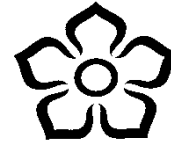


Please ask for: Revenue & Customer Support
On-Line Form
Please write your name and the address this application is for in the box



Leicester
City Council

Revenues & Customer Support

York House
91 Granby Street
Leicester LE1 6FB
Tel: 0116 454 1005
Fax: 0116 454 0705

council.tax@leicester.gov.uk

Had a change? Report it at
www.leicester.gov.uk/myrb

Council Tax Status Discount Application – People that are Severely Mentally Impaired

Please fill in this form and return it to us within 21 days of the date shown above. If you have any questions about this letter please e-mail us at council.tax@leicester.gov.uk or telephone us on 0116 454 1005. Based on the information you provide we will either update our records and send a new bill to you, or contact you for more information.

Part A

1) Severely Mentally Impaired Person's Details - Please give the person's full name:

.....

2) Please tick the following benefits the severely mentally impaired person gets or qualifies for if they don't receive it:

- a) Incapacity benefit
- b) Attendance Allowance
- c) Severe Disablement Allowance
- d) The care component of Disability Living Allowance payable at the highest or middle rate
- e) An increase in the rate of Disablement Pension
- f) Disability Working Allowance
- g) Unemployability Supplement
- h) Constant Attendance Allowance
- i) Unemployability Allowance
- j) Income Support where the applicable amount includes a disability premium
- k) Employment Support Allowance
- l) Personal Independence Payment Daily Living Component (standard or enhanced rate)
- m) Armed Forces Independence Payment
- n) Universal Credit (limited capability for work element or limited capability for work and work-related activity element)

3a) Please provide documentary evidence of any of the above benefits that are being paid, e.g. Department for Works & Pensions entitlement letter.

3b) Please state the date the benefit(s) started.....

Declaration:

I declare that the information given on this form is correct to the best of my knowledge. I will inform the Local Taxation Section if there are any changes in the future to the information I have given on this form that may affect the amount of Council Tax that is to be paid.

Signature:

.....

Print Full Name:

.....

Or Signature of person acting on applicants behalf:

.....

Relationship to applicant:

.....

Address:

.....

.....

Date: **Phone Number:**

(You do not have to tell us your telephone number, but doing so will help us to contact you quickly in case we need any more information)

Please pass this form and any evidence of Benefit entitlement mentioned in number 3 above to the doctor of the severely mentally impaired person.

The doctor needs to fill in the certificate in part B below.

The information you have given on this form may be used for Council Tax Support purposes.

Data Protection Privacy Statement

Any personal information that you provide will be processed in accordance with current Data Protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Fair Processing / Privacy Notice on our website: leicester.gov.uk/privacy.

Part B

Certificate to be completed by a Doctor

Patient's name:

.....

Patient's address:

.....
.....
.....

Doctor's statement:

I confirm that the person named above is severely mentally impaired, ie has severe mental impairment of intelligence and social functioning, which appears to be permanent.

He/she has been suffering from this condition since (dd/mm/yy):

.....

Doctor's Name: Signature:

Date (dd/mm/yy): Daytime Phone Number :

Surgery/Practice Stamp:

Thank you for completing this certificate.

The certificate and rest of the application form need to be sent to: FREEPOST RTRE-HTRJ-CSSJ, Leicester City Council, Revenues & Customer Support, York House, 91 Granby Street, Leicester, LE1 6FB.