



Northumberland

County Council

Property ref:

Our ref: DISCSMI/

Enquiries to: Council Tax Section

Email: counciltax@northumberland.gov.uk

Tel direct: (01670) 624884

Date:

Dear

Council Tax Reduction - Severe Mental Impairment

Property Address:

The amount of Council Tax charged on a property may be reduced if one or more of the household are severely mentally impaired. Persons who are severely mentally impaired are disregarded when the calculations for Council Tax are made. In order for a person to be disregarded on the grounds of being severely mentally impaired, they must have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

If all adult residents of a property are disregarded due to severe mental impairment then the Council Tax is covered by a full exemption. If all bar one resident are disregarded then the reduction is 25%.

There are two elements to this application. The first is that a doctor must certify that the applicant is severely mentally impaired. There is a certificate enclosed for this purpose. It is important that as well as certifying the applicant as severely mentally impaired that they also give a date that this became the case. Please note that no charge can be applied for the doctor for completion of the certificate as it forms part of Schedule 9 of the NHS (General Medical Services) Regulations 1992.

The second element is the applicant being in receipt of a qualifying state benefit. A list of eligible benefits is enclosed and we must be provided with evidence. This is usually a copy of the award letter supplied by the Department for Work and Pensions, but anything showing the specific benefit in payment will be acceptable.

Please note any reduction can only be applied from the date that we have all necessary evidence. For example if an applicant is declared severely mentally impaired by their doctor from 1st April 2010, but we only have evidence of the qualifying benefit from 1st April 2017 then the reduction will only be applied effective from 1st April 2017.

Council Tax, Revenues Section

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We will consider backdating this reduction if evidence is provided, but only to a maximum of 6 years in line with the statute of limitations.

If you have any queries regarding this matter please do not hesitate to contact us.

Yours sincerely

Council Tax Section

QUALIFYING BENEFITS The person must be in receipt of one of the qualifying benefits as listed in (a) to (n) or meet the requirements in (o) or (p)

- a) An Incapacity Benefit or an Employment and Support Allowance (ESA) payable under Section 30A of the Social Security (Contributions and Benefits) Act 1992.
 - b) An Attendance Allowance under Section 64 of that Act.
 - c) A Severe Disablement Allowance under Section 68 of that Act.
 - d) The care component of a Disability Living Allowance under Section 71 of that Act, payable at the **highest rate** under Section 72(4)(a) or at the **middle rate** under Section 72(4)(b) of that Act.
 - e) A standard or enhanced rate of the daily living component of Personal Independence Payment (PIP) under section 78(3) of the Welfare Reform Act 2012.
 - f) Universal Credit (including an amount due to limited capability for work or limited capability for work and work-related activity)
 - g) An increase in the rate of his/her Disablement Pension under Section 104 of that Act (increase where constant attendance is needed).
 - h) A Disability Working Allowance under Section 129 of that Act for which the qualifying Benefit is one falling within subsection (2)(a)(i) or (ii) of that Section, or is a corresponding Northern Ireland Benefit.
 - i) An Unemployability Supplement under Part 1 of Schedule 7 to that Act.
 - j) A Constant Attendance Allowance under:
 - i. Article 14 of the Personal Injuries (Civilians) Scheme 1983, or
 - ii. Article 14 of the Navy, Military and Air Forces etc. (Disablement and Death) Services Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument).
 - k) An Unemployability Allowance under:
 - i. Article 18(1) of the Personal Injuries (Civilians) Scheme 1983, or
 - ii. Article 18(1) of the Navy, Military and Air Forces etc. (Disablement and Death) Services Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument).
 - l) Income Support where the applicable amount includes a disability premium in respect of which the additional paragraph 12(1)(b) of Schedule 2 to the Income support (General) Regulations 1987 is Satisfied.
 - m) Incapacity Benefit under sections 40 and 41 of the Social security Contributions and Benefits Act 1992
 - n) An armed forces independence payment under the Armed Forces and Reserve Forces (Compensation Scheme) Order 2011.
- Or meet the requirements as follows:**
- o) The person in question has reached pensionable age as defined for the purposes of Part I and VI of the Social Security Contributions and Benefits Act 1992 and that had he/she not reached pensionable age, would have been entitled to one of the benefits listed in (a) to (n) as above
- Or meet the requirements as follows:**
- p) The person in question is a person whose partner is in receipt of Job Seekers Allowance and by virtue of the person's incapacity to work the applicable amount for the purposes of regulation 83 or 84 of the Job Seekers Allowance Regulations 1996(c) includes a disability premium.

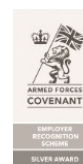
Evidence of the qualifying benefit must be provided along with your application in order for it to be processed.

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Name and property address:

Property Ref:
Our ref: DISCSMI/
Date:

COUNCIL TAX – SEVERE MENTAL IMPAIRMENT APPLICATION

Note for the person assisting applicants - Please complete this form and send it along with any evidence of entitlement to benefits

| | |
|------------------------------|--|
| SMI Applicant's Name: | |
| Address: | |

To qualify for Council Tax Discount, a person who is Severely Mentally Impaired must be in receipt of one of the benefits listed on the enclosed sheet. In the case of a benefit which ceases to be payable on reaching pensionable age, they have been in receipt of that benefit until it ceased for that reason.

Person acting on applicant's behalf to complete the following Section:

Please list all adult residents in the household and those who will become 18 within the next 2 years.

| Title | Surname | Forename(s) | Owner | Tenant | Other | Date of Birth |
|-------|---------|-------------|-------|--------|-------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Qualifying Benefit | Evidence Enclosed <i>(Please tick box)</i> |
|--------------------|--|
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

I declare that the person above is in receipt of one or more of the benefits listed on this application **and I enclose evidence of such entitlement.**

| | |
|----------------------------|-------|
| Signature: | Date: |
| Full Name: | |
| Relationship to Applicant: | |
| Address: | |
| Telephone No. | |

Please arrange for completion of the certificate overleaf

Certificate to be completed by applicant's doctor

I certify that in my opinion the SMI applicant named

IS IS NOT *Please tick appropriate box*

suffering from Severe Mental Impairment for the purpose
of the Local Government Finance Act, 1992.

| | | | |
|---|---------------|---|---|
| I consider that they have been suffering from this condition <i>Please give date or closest approximation</i> | D | M | Y |
| | since: | | |

| | | | |
|-----------------------------------|--|-------------|--|
| Doctor Name | | | |
| Signature | | Date | |
| Surgery name & address | | | |

Request to surgery: Please provide office stamp above, where possible, or a surgery compliments slip.