

**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**

<b>SMI Applicant's Name:</b>	
<b>Address:</b>	

To qualify for Council Tax Discount, a person who is Severely Mentally Impaired must be entitled to 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

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

<b>Signature:</b>	<b>Date:</b>	
<b>Full Name:</b>		
<b>Relationship to Applicant:</b>		
<b>Address:</b>		
<b>Telephone No.</b>		

**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 <b>since:</b> <i>Please give date or closest approximation</i>	D	M	Y

<b>Doctor Name</b>			
<b>Signature</b>		<b>Date</b>	
<b>Surgery name &amp; address</b>			

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