



**London Borough of
Lewisham**

Council Tax
PO Box 58993
London SE6 9GZ

Direct line: 020 8690 9666

Date:

Our ref

COUNCIL TAX DISCOUNT/EXEMPTION APPLICATION FOR SEVERE MENTAL IMPAIRMENT

PLEASE COMPLETE IN BLOCK CAPITALS

1. The property
Address:
How many people aged over 18 live in the property?

2. Person liable to pay Council Tax
Full name:
Address (if different to the property mentioned above):

3. Person filling in this form (if different to the liable person)
Full name:
Address (if different from the property mentioned above):

4. The Severely Mentally Impaired person
Full name:
Which of the following benefits does the person receive? (Please tick all that apply)
<input type="checkbox"/> Incapacity Benefit
<input type="checkbox"/> Employment Support Allowance
<input type="checkbox"/> Severe Disablement Allowance
<input type="checkbox"/> Attendance Allowance

- Care component of Disability Living Allowance or Personal Independence Payment daily living component
- An Increase in Disablement Pension for constant attendance
- Un-employability supplement
- Income Support where the applicable amount includes a disability premium
- Disability Working Allowance or the disability element of Working Tax Credits
- Universal Credit under Part 1 of the Welfare Reform Act which includes an amount if a person has a limited capacity for work

When did the benefit commence?	Day	Month	Year
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5. Severe Mental Impairment

I am the liable person and I am claiming a discount/exemption from Date /...../.....

Full name:	Signed:	Date:/...../.....
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We must see proof of these benefits and/or dates of entitlement to support your application.

Privacy Notice
 In order to provide efficient and effective services and to meet our statutory duties, Lewisham Council needs to collect personal data. We may use and share the information you provide with other parts of the Council or external agencies in order to meet these obligations or where permitted. Your information will only be used, shared or disclosed in accordance with data protection legislation. For details and further information please visit our website: www.lewisham.gov.uk/termsandconditions or contact Corporate Information Governance at dpa@lewisham.gov.uk

Consent
 I understand that the information I have supplied will be retained and used by the Council in connection with the collection of Council Tax. I consent to the information being disclosed to other parts of the Council and to third parties, or in such other circumstances where the law might otherwise allow. I also understand that I have a right of access to the information the Council holds in respect of me and that I may obtain a copy of the information upon request.

6. Declaration

I declare that the information given in this form is correct to the best of my knowledge

Signed:	Full name:
Date:	Telephone number:

What to do next.

After you have completed sections 1 to 6, you need your GP/hospital doctor to complete section 7 – ‘Doctor’s certificate’ and return this form to Council Tax, PO Box 58993, London SE6 9GZ.

Make sure you have enclosed evidence of benefit entitlement and the certificate below has been signed by the Severely Mentally Impaired person’s doctor.

If you are entitled to a discount or exemption we will send you a new bill showing the reduction. If you are not entitled, we will write to you and tell you why.

