

Council Tax Severe Mental Impairment Form



2 pages

Please fill in this form and return it with the proof we ask for. I will not be able to consider your application unless you send documentary proof of your benefit entitlement and start date.

Part 1 About the applicant

Full name of the liable person:

Address of the property:

Postcode:

Phone number:

Email:

How many adults over 18 years live at this address:

Part 2 About benefits - To qualify a person must be receiving one of the following benefits

Please fill in this section. Tick the box that applies to you.

Incapacity Benefit /Employment Support Allowance: Start date:

Attendance Allowance: Start date:

Severe Disablement Allowance: Start date:

Care Component of Disability Living Allowance either the highest or middle rate: Start date:

Increase in the rate of Disability Pension where constant attendance needed: Start date:

Disability element of Working Tax Credit or Child Tax Credit: Start date:

Constant Attendant Allowance: Start date:

Unemployment Allowance: Start date:

Income Support which includes disability premium: Start date:

Part 3 About the person to be disregarded

Full name of the person to be disregarded:

Their date of birth:

Name of doctor:

Address of surgery or hospital:

Postcode:

Part 4 Agreement

I agree that you can contact the doctor to confirm the condition of the person to be disregarded.

Signature of liable person or applicant:

Name and address if completed on behalf of the liable person:

Postcode:

Relationship to the applicant:

Phone number:

Email:

Date:

You must tell us within 21 days if any of your circumstances change.

Please return this form to Wigan Council, Council Tax Offices, Moore Street East, Wigan. WN1 3DS