

Declaration

I confirm that the information I have supplied in this claim is true and accurate and agree that the authority may make any reasonable enquiries to verify this.

I will notify the City Council immediately of any change in my circumstances that may affect my entitlement to the discount.

Signed: Date

PLEASE NOTE:

A penalty of £50 may be imposed where false or inaccurate information is provided or where there is a failure to supply any information requested by the City Council.

This information may also be used for other related purposes.

DATA PROTECTION - THE INFORMATION THAT YOU ARE ASKED TO PROVIDE MAY BE RECORDED ON COMPUTER AND IS SUBJECT TO THE DATA PROTECTION ACT 1984

What to do now

- Check that you have filled in the parts of the form which apply to you.
- Check that you have enclosed any items which you are required to send with your claim.
- Make sure you have signed the form.
- Take or send this form to Salford City Council, Customer and Support Services, Unity House, Salford Civic Centre, Chorley Road, Swinton, Salford M27 5AW. Phone (0161) 909 6502.

PLEASE NOTE:

You do not need to complete this next part - we will deal with obtaining a certificate

This certificate is for use only for status discount in relation to Council Tax:

Please tick (✓) in the appropriate box:

I certify that in my opinion the person named overleaf as a mentally impaired person, is is not suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992 and has been severely mentally impaired since

Day Month Year

Doctor's signature Date

Doctor's full name

Doctor's surgery/
Hospital address

TO THE DOCTOR -

When you have completed this part, please return the form in the envelope provided.

FORM DISC 2

How to pay less Council Tax

People who are severely mentally impaired

Discount claim form

Salford City Council

Name

Address

Post Code

Ref. No.

What is a discount for the severely mentally impaired?

- Council Tax is a charge set by a local authority based on the valuation band that a property is placed in. The tax can however be reduced in certain circumstances if someone is entitled to a **DISCOUNT**.
- The full Council Tax bill is worked out on the assumption that there are 2 adults in a dwelling. If only one adult lives in a dwelling as his or her main home, the bill can be cut by 25%. If no-one is living in a dwelling as their main home, the bill can be cut by 50%.
- Certain people are not counted when looking at the number of adults living in a dwelling. People who are severely mentally impaired are not counted.
- For Council Tax purposes, a person is treated as severely mentally impaired if he or she suffers, for whatever reason, from severe impairment or intelligence which appears to be permanent. This will normally include people suffering from Alzheimer's disease and other similar illnesses.
- For someone not to be counted, a certificate will be required from his or her doctor to say that he or she is mentally impaired.
- The person must also be entitled to one of a number of benefits. These benefits are:-
 - Invalidity Pension
 - Attendance Allowance
 - Severe Disablement Allowance
 - The care component of a Disability Living Allowance at the higher or middle rate
 - An increased rate of Disablement Pension
 - Disability Working Allowance
 - Unemployability Supplement
 - Constant Attendance Allowance
 - Unemployability Allowance

- For example, if 2 people live in a household and one of them is severely mentally impaired, the bill will be worked out as if one adult lives there and will be reduced by 25%.

Want to know more?

- If you have any questions at all about discounts for severely mentally impaired people, just ask and we will be pleased to help you.
- Call in or write to:

Salford City Council
Customer and Support Services
Unity House, Salford Civic Centre
Chorley Road, Swinton
Salford M27 5AW

Further information can be found at: www.salford.gov.uk
- Or, if you prefer, telephone us on **0161 909 6502**

DO YOU WANT TO CLAIM?
If "YES" please go to the next part

PLEASE NOTE
The claim must be made by the person liable to pay the bill (or by an agreed representative).

Information needed from you

- Please complete the relevant section below including the declaration and return the whole form to us
- Please claim as soon as possible. The sooner you claim, the sooner your account can be checked to make sure that you are not paying too much.

- Please give us your full name and address (if not shown).

Name	_____
Address	_____

	Post Code _____

- How many people aged 18 or over live in your property?

- Please give the full name of the severely mentally impaired person.

- Is the person aged 18 or over? YES NO please tick the relevant box

- Please give the name of the persons doctor and the address of the surgery/hospital.

Name	_____
Address	_____

	Post Code _____

- Please place a tick against the box(es) relating to the benefit received by the person.

<input type="checkbox"/> Invalidity Pension	<input type="checkbox"/> Disability Working Allowance
<input type="checkbox"/> Attendance Allowance	<input type="checkbox"/> Unemployability Supplement
<input type="checkbox"/> Severe Disablement Allowance	<input type="checkbox"/> Constant Attendance Allowance
<input type="checkbox"/> The care component of a disability living allowance at the higher or middle rate	<input type="checkbox"/> Unemployability Allowance
<input type="checkbox"/> An increased rate of Disablement Pension	

Please remember:- You need to provide proof of benefits received by either:

- Getting a letter of benefit entitlement from the D.S.S. and sending it to me with this form.
- By bringing the benefit/allowance books to my office for checking.
- By returning this form with a photocopy of the allowance book pages showing the name of the recipient and the name of the benefit.