Tel: 0118 974 6000

E-mail ctax@wokingham.gov.uk

WOKINGHAM
BOROUGH COUNCIL

APPLICATION FOR DISCOUNT DUE TO SEVERE MENTAL IMPAIRMENT

Name of Council Tax Payer _____

Address _____

_____

Telephone number

Name of severely mentally impaired person resident: _____

Total number of adults over 18 resident at this address: _____

Total of benefit received by mentally impaired person	tick appropriate column	date awarded
Incapacity Benefit /ESA		
Severe disablement allowance		
Unemployability supplement payable as an increase to disablement benefit		
Unemployability allowance payable with war disablement pension		
Attendance allowance		
Constant attendance allowance		
Higher or middle rate care component of the disability living allowance/PIP		
Disability working allowance		

You must enclose supporting evidence of the above entitlements, such as award notices or copy of the cover and first two pages of their order book.

Doctor's Name _____

Doctor's Surgery/Hospital _____

_____

_____

Applications will be considered from the date that the doctor verifies.

Please be aware Wokingham Medical Centre and other doctor surgeries may charge a fee for non NHS requests. Wokingham Borough Council will not be responsible for paying this charge and will not be able to reimburse any claim for this charge.

This form should <u>not</u> be sent direct to the doctor

Authorisation to the Council in respect of _____ in pursuance of a claim for status discount from the Council Tax.
I authorise you to seek, on the above person's behalf, the information from the following registered medical practitioners. I agree that the certificate should be returned direct to you at the Council Tax Office.

Signature of Applicant/Applicants Agent _____

Full Name (if acting as Applicant Agent) _____

Address (if not the property address) _____

_____

_____

This section to be completed by a registered medical practitioner

This certificate is for use in deciding whether the person named is severely mentally impaired for Council Tax purposes.
For the purposes of the Local Government Finance Act 1992 a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning however caused which appears to be permanent.

*In my opinion the applicant named **is** severely mentally impaired and has been so from _____

*In my opinion the applicant named **is not** severely mentally impaired.

* Delete as appropriate

Doctors signature _____ Doctors full name _____

Doctors status _____ Date _____
(e.g. G.P. etc)

Please be aware Wokingham Medical Centre and other doctor surgeries may charge a fee for non NHS requests. Wokingham Borough Council will not be responsible for paying this charge and will not be able to reimburse any claim for this charge.

Please return the completed form to :

The Revenues Section
Wokingham Borough Council
Head of Finance
P.O.Box 152
Shute End
Wokingham
Berkshire RG40 1WJ

Appointee Form

Please complete this form if you would like a third party (appointee) to deal with your Council Tax on your behalf. This means your appointee will be contacted direct about your Council Tax and will be responsible for reporting any changes in your circumstances that may affect your tax liability.

1) Chargepayer(s) Name:	
2) Chargepayer(s) Account Number:	
3) Chargepayer(s) Address:	
4) Appointee Name:	
5) Appointee Telephone Number:	
6) Appointee Address:	
7) Postal Address to be used	Chargepayer Y/N Appointee Y/N

DECLARATION

Chargepayer

I authorise the above named appointee to act on my behalf. My appointee can deal with all matters relating to my Council Tax.

I understand my appointee is responsible for providing any information needed in respect of their Council Tax Liability. My appointee will also be responsible for reporting any changes in my circumstances.

Appointee

I agree to act as appointee on behalf of the above named claimant. I agree to provide all the information needed in respect of their Council Tax Liability and notify the authority about any changes in their circumstances. I understand that details of Council Benefit Liability will be sent to me.

Signed Chargepayer		**Date;**	/ /
Signed Appointee		**Date;**	/ /

Please return this form to: The Revenues Section, Wokingham Borough Council, P. O. Box 152, Council Offices, Shute End, Wokingham. RG40 1WJ.