

Application for Council Tax Severely Mentally Impaired Reduction

Council Tax Account Number:

Information

When a property is occupied by a Severely Mentally Impaired Person(s) a 25% discount or 100% discount exemption may be awarded. Please tick box relevant to your household:

- ☐ A severely mentally impaired adult lives alone in the household. (A 100% exemption can be given.)
- ☐ All adults in the household are severely mentally impaired. (A 100% exemption can be given.)
- ☐ All but one of the adults who live in the household are severely mentally impaired. (A discount of 25% can be given.)

Part 1 SEVERELY MENTALLY IMPAIRED PERSON'S DETAILS *(to be filled in by you or the person acting on your behalf)*

Full Name	<input type="text"/>	Date of Birth	<input type="text" value="DD / MM / YYYY"/>
Property Address	<input type="text"/>		
Name and address of person acting on applicant's behalf	<input type="text"/>		
Relationship to applicant	<input type="text"/>	Telephone No.	<input type="text"/>
Do you hold Power of Attorney for the applicant <i>(If yes, please provide a copy of this document)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please advise where correspondence should be sent	<input type="text"/>		

Part 2 DOCUMENTARY EVIDENCE

You **must** provide documentary evidence from the **earliest date possible** of all State Benefit(s) you receive in accordance with the box(es) ticked below and return this with your completed application form.

- | | |
|---|---|
| <input type="checkbox"/> Incapacity Benefit | <input type="checkbox"/> Unemployability Allowance or Supplement |
| <input type="checkbox"/> Attendance Allowance | <input type="checkbox"/> Higher or Middle Rate of Care Component of the Disability Living Allowance (DLA) |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> Income Support including a Disability Premium |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Disablement Pension Increase for Constant Attendance |
| <input type="checkbox"/> Disability Element of Working Tax Credit | <input type="checkbox"/> Employment Support Allowance (ESA) |
| <input type="checkbox"/> Universal Credit
(with limited capability for work) | <input type="checkbox"/> Personal Independence Payment (PIP) |
| <input type="checkbox"/> Armed Forces Independence Payment | |

Part 3 OCCUPANTS

Please provide full name(s) of all those 18 years of age and over living in your home (including yourself)

Title	First Name	Surname	Relationship	Severely Mentally Impaired (Yes/No)

Part 4 DECLARATION BY APPLICANT

I can confirm that the information provided by me on this form is both accurate and complete and I will notify the Council immediately of any changes in my circumstances which may affect my liability for Council Tax.

I understand the Council may make whatever enquiries it considers necessary to verify the information provided by me on this form.

Signature

Date

DD / MM / YYYY

Print Name

Telephone No.

Email

Mobile No.

Information provided by you will be used and stored by London Borough of Barking and Dagenham Council in accordance with the Data Protection Act 1998. This information will be used to administer and enforce the Council Tax. The Council has a duty to protect the public funds it administers and may share the information you provide for the purpose of detecting or preventing fraud.

Part 5 DOCTOR'S CERTIFICATE *(to be filled in by a registered Medical Practitioner)*

Council Tax regulations define a person as being severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. For more information, please refer to the guidance notes.

As the doctor of the applicant, please give details as requested below. When completed, this form should be returned to the applicant/person acting on behalf of the applicant.

In my opinion, the person named above is severely mentally impaired and has been so from the following date

DD / MM / YYYY

List condition

Official stamp

Doctor's full name

Doctor's Signature

Date

Telephone No.

Please return the completed form to us by uploading online at:

<https://eforms.lbdd.gov.uk/discounts-and-exemptions>

Alternatively, you can post it to: Council Tax, LBBD, Barking Town Hall, 1 Town Square, Barking IG11 7LU

Council Tax Severe Mental Impairment (SMI) Guidance for Registered Medical Practitioners

Summary

This guidance helps doctors respond to requests for a **Council Tax discount** for people with **Severe Mental Impairment (SMI)**.

These individuals may qualify for a **reduction or exemption** from Council Tax, and in some cases, may not be counted when deciding who is responsible for paying it.

What Counts as Severe Mental Impairment (SMI)?

Under the **Local Government Finance Act 1992**, a person is considered severely mentally impaired if they have:

“A severe impairment of intelligence and social functioning (however caused) which appears to be permanent.”

This definition is **only for Council Tax purposes** and is **not the same** as the one used in the **Mental Health Act 1983**.

To qualify for a discount, the person must:

1. Meet the definition of SMI above.
2. Be entitled to certain **disability-related benefits**.
3. Have a certificate confirming SMI, completed by a **registered medical practitioner**.

Medical Certificate

- The decision is based on the doctor's **clinical judgment**, not on a specific diagnosis.
- The key question is whether the person has a **permanent and severe impairment** of both intelligence and social functioning.
- If unsure, the doctor can consult with other professionals or carers who know the person well.
- If still unsure, the doctor **should not sign** the certificate.

No Charge for the Certificate

The **British Medical Association (BMA)** has agreed that doctors **should not charge** for completing this certificate. It is covered under **Schedule 9 of the NHS (General Medical Services) Regulations 1992**.