

Mansfield District Council

Your Name:
Your Address:

Council Tax Team
Telephone: (01623) 463144
Line open 9:30 am to 4:30 pm
Email: counciltax@mansfield.gov.uk
Reference No:

Local Government Finance Act 1992

COUNCIL TAX DISCOUNT APPLICATION FORM

PERSONS WITH SEVERE MENTAL IMPAIRMENT

Please complete sections A and B of this form if you wish to claim the above reduction for either yourself or another member of your household. This form should then be sent direct to the applicants doctor. Then returned to the council offices at the address shown below.

Part A

Applicants name (if different from above).....
Address (if different to above).....
.....
Date of birth..... Date applicant occupied the property.....
How many people aged 18 or over currently live in the property.....

DECLARATION OF BENEFIT CONDITIONS (Please tick the appropriate boxes)

I declare the applicant is entitled to :-

- E.S.A.....
- an attendance allowance.....
- a severe disablement allowance.....
- incapacity benefit.....
- disability working allowance.....
- an unemployment supplement.....
- standard or enhanced rate of PIP daily living component.....
- a constant attendance allowance.....
- an unemployability allowance.....
- income support including disability premium.....
- the care component of a disability living allowance.....
(highest or middle rate)
- an increase in the rate of his/her disablement pension.....
(increase where constant attendance needed)

DATE BENEFIT COMMENCED.....

NOTE: All applications for exemption must be submitted with evidence of benefit and/or pensions

Kate Allsop – Executive Mayor

Mansfield District Council, Civic Centre, Chesterfield Road South, Mansfield, Nottinghamshire NG19 7BH
t: 01623 463463 w: www.mansfield.gov.uk



Mansfield
District Council

Part B

Doctors Name:-.....

Doctors Surgery/Hospital Address:-.....

Signature of person acting on applicants behalf:-.....

Full Name:-.....

Relationship to Applicant:-.....

Address:-.....

Date:-..... Telephone No.:-.....

PART C

To be completed by registered medical practitioner

Doctors surgery/hospital address.....

I certify that in my opinion the applicant named in Part A of the form above (Please tick appropriate box)

IS **IS NOT**

suffering from severe mental impairment for the purpose of the L.G.F.A. 1992

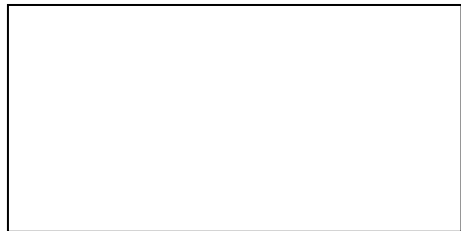
Doctors signature:..... Date:-.....

Please give the date the illness was diagnosed:-.....

Doctors full name in block capitals:-.....

Doctors status:-.....

Surgery Stamp



Privacy Notice: We will use the information provided by you for Council Tax, Housing Benefit and Council Tax Reduction Scheme purposes. The basis under which the Council uses personal data for this purpose is Public Task. The information that you have provided will be kept in accordance with the Council's retention schedule which can be found at www.mansfield.uk/Privacy
The information provided by you may also be used for the purpose of any other function carried out by the Council. Information about these functions and the legal basis on which information is used by them, your rights and the Council's Data Protection (DPO) can be found on the Council's detailed privacy notice which can be found at www.mansfield.gov.uk/Privacy on the Council's website or requesting a copy by writing to the Data Protection Officer, Mansfield District Council, Chesterfield Road South, Mansfield, Notts, NG19 7BH.