

South Cambridgeshire Hall  
Cambourne Business Park  
Cambourne  
Cambridge  
CB23 6EA  
**www.scambs.gov.uk**  
01954 713000



**South  
Cambridgeshire**  
District Council

Email: [Revenues@scambs.gov.uk](mailto:Revenues@scambs.gov.uk)  
Account:  
Date:

Dear

### **REDUCTION IN COUNCIL TAX**

#### **Property Address:**

Please find enclosed the application form for a reduction in your Council Tax charge on the grounds that a member of your household has been diagnosed with a severe mental impairment.

Please complete the form and return it to us, ensuring you include:

1. A copy of an award letter for a qualifying benefit (e.g. personal independence payments or attendance allowance) to support your claim. Please ensure this shows the date the benefit was awarded. A full list of qualifying benefits is show in section 3 of this form.
2. Please ensure that section 5 of this form is completed by a registered medical practitioner. They will need to confirm eligibility for the reduction.

You should continue to make payments in accordance with the instalments shown on your current council tax bill until you receive a revised bill from us.

Yours Sincerely,

Michelle Carrier  
Revenues Service

Visit **<https://openportal.scambs.gov.uk>** to view your Council Tax bill and any Benefit claims online, and sign-up to receive selected documents online rather than post.





Account Ref:

**Council Tax**  
**Application for a discount on the grounds of mental impairment**

A person is disregarded for council tax purposes if he or she is severely mentally impaired. The definition of severely mentally impaired provided in the legislation is "a person who has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent".

**Before completing the form, please understand that if there are two or more adults in the property (in addition to the mentally impaired person) there may be no entitlement to a discount. In this case, please contact us to discuss whether any of the other adults may count as carers (except for spouses or partners of the person, or parents of a child aged under 18).**

1. Please list below the names and address of all persons in the property over the age of 18 years.

Names:


Address:

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2. Please name the adult person in the dwelling who has a mental impairment and on whose behalf you are making this claim:

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3. To qualify for this discount the severely mentally impaired person must be in receipt of one of the following benefits. Please tick the relevant box(s) below **and supply a photocopy** of the respective allowance to support the claim:

Benefit	Entitled? (Y/N)	Date first received
Personal Independence Payment (Daily Living component – standard or enhanced rate)		
Disability Living allowance (Care component – middle or higher rate)		
Universal Credit (with a 'limited capability for work' or 'limited capability for work related activities' element)		
Employment and Support Allowance (contribution based or income related)		
Income Support (with disability premium)		
Working Tax Credit (disability element)		
Attendance Allowance		
Constant Attendance Allowance or Invalidity Pension		
Incapacity Benefit (awarded on the basis of mental impairment)		
Increased rate of Disablement Allowance (where constant attendance is required)		
Disability Working Allowance		
An unemployment Supplement or unemployability allowance		
Severe Disablement Allowance		

#### 4. DECLARATION

The information given above is correct. I undertake to notify the council immediately if circumstances in the household change which may affect my entitlement to any discount.

Signature of person completing this application:

Date:
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Address and contact details of person completing this application:

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**This form should now be passed to the doctor for whom this application is made.**

#### 5. MEDICAL CERTIFICATE (TO BE SIGNED BY A REGISTERED MEDICAL PRACTITIONER)

I certify that for the purposes of the Local Government Finance Act 1992 the person named in Part 2 of this form has a severe impairment of intelligence and social functioning which appears to be permanent.

Please state the date from which you believe this applicant meets the criteria for this discount/exemption:

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Doctor's Signature:

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Doctor's Name, Address, and Practice Stamp:

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Date

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Telephone No:

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Email Address:

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**TO THE DOCTOR:** When you have signed this form please return it to Council Tax, South Cambridgeshire Hall, Cambourne Business Park, Cambourne, CB23 6EA.

We process your data in line with our legal obligation to collect Council Tax. We may process the information you provide to prevent and detect fraud and may supply information to government agencies, credit reference agencies, audit or other external bodies for such purposes. We may share information provided within the Council to assist with the delivery of Statutory functions. We participate in the government's National Fraud Initiative, and further information is on our website: <https://www.scams.gov.uk/content/national-fraud-initiative>

The General Data Protection Regulation (GDPR) updates your rights regarding how your data is processed. More information regarding this can be found here <https://www.scams.gov.uk/content/privacynotice>