



Name:	Council Tax account reference Number:
Address:	
Council Tax Admin Team (01623) 463463 (option 2) counciltax@mansfield.gov.uk	

COUNCIL TAX DISCOUNT APPLICATION FORM PERSONS WITH SEVERE MENTAL IMPAIRMENT Local Government Finance Act 1992

Please complete Parts 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 to complete Part C before returning it to the Council by email at counciltax@mansfield.gov.uk or by post to 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 - I declare the applicant is entitled to: (please tick the appropriate boxes and provide evidence)			
Attendance allowance	<input type="checkbox"/>	Constant Attendance Allowance	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	Employment Support Allowance	<input type="checkbox"/>
Universal Credit which includes either a limited capability for work element or the limited capability for work & work-related activity element	<input type="checkbox"/>	Income support which includes a disability premium	<input type="checkbox"/>
Care Component of Disability Living Allowance (Middle / High Rate)	<input type="checkbox"/>	Personal Independence Payment – Daily Living component (Standard / enhanced rate)	<input type="checkbox"/>
Severe Disablement Allowance	<input type="checkbox"/>	Disability Working Allowance	<input type="checkbox"/>
Disability element of Working Tax Credit	<input type="checkbox"/>	An increase in the rate of a Disablement Pension where constant attendance is needed	<input type="checkbox"/>
Unemployability Allowance	<input type="checkbox"/>	Unemployability Supplement	<input type="checkbox"/>
Armed Forces Independence payment	<input type="checkbox"/>		<input type="checkbox"/>
DATE BENEFIT COMMENCED:			

Part B - Authorisation for Mansfield District Council

Doctors Name:-	
Doctors Surgery/Hospital Address:-	
Signature of person acting on applicants behalf:-	
Full Name:-	
Relationship to applicant:-	
Address:-	
Date:-	Telephone Number:-

Part C - To be completed by registered medical practitioner

Surgery / Hospital address:-	
I certify that in my opinion the applicant named in Part A of the form above (please delete as appropriate) IS / IS NOT Suffering from severe mental impairment for the purpose of the LGFA 1992	
Approximate date severe mental impairment diagnosed:-	
Doctors signature:-	
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.