

COUNCIL TAX

Discount/Exemption Claim Form

- for persons with a Severe Mental Impairment

Data Protection - We are asking for the following information in accordance with the provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and the Data Protection Act 1998. We will use this information to help us determine your liability for and to collect your Council Tax. Information given on this form may be held electronically and may be shared for Council Tax purposes. We may also share this information with other Council Services, Local Authorities, Government Departments and other bodies responsible for auditing or administering public funds. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to.

**Please read the notes on Page Three of this form
and then complete each section in BLOCK CAPITALS**

Details of the person making the claim

- Title _____ Name _____
- Current Address _____
_____ Postcode _____

We may have to contact you again to obtain evidence in support of your claim or with a view to arranging a visit to your property. Please provide contact details below:

- Daytime Telephone Number _____
- E-mail Address _____
- Council Tax Reference Number _____

Details about your household

- Date you want the discount/exemption to start from _____
- Please state if you are the owner, tenant or sub tenant of the property

- Please name any joint owners, joint tenants or joint sub tenants who live in the property with you _____

- How many people (including yourself) aged 18 years or over live in the property? _____
- Details of the person(s) in the household to be disregarded from Council Tax (including yourself)
*(please note; we need a Doctor's Certificate and **proof of benefits** for each person - see notes on back of this form)*

Full Name	Date of Birth	Type of Benefit received e.g. Attendance Allowance	Date Benefit was first awarded

DECLARATION - ALL APPLICANTS MUST COMPLETE THIS SECTION

Please read this declaration carefully before you sign and date it

SECTION ONE
Warning: It is an offence to give false information. If someone has completed this form on your behalf, you must make sure that it has been read back to you in full and you understand everything before you sign the declaration

- This is my claim for Severe Mental Impairment discount/exemption;
- I declare that the information I have given on this form is correct and complete;
- I authorise the Highland Council to check the information I have given and make any necessary enquiries to verify the information on this form;
- I understand that if I give information that is wrong or not complete or fail to report a change which may affect my discount/exemption, I may have to pay a fine of up to £200. I have no objection to the Council inspecting my property.

All persons named on the Council Tax bill/responsible for payment of the Council Tax must sign below

- Claimant's Signature _____ Date _____
- Signature _____ Date _____
- Signature _____ Date _____
- Signature _____ Date _____

SECTION TWO
This section must be completed if the application has been filled in by someone else on your behalf. This includes voluntary organisations, an appointee, relative or representative of the Council

- Please PRINT the name of the person who completed this form _____

- Their address _____

- Their telephone number _____
- Relationship to any of the persons who have signed the declaration in Section One of this form:

- Please give the reason why the claimant was unable to complete the form _____

- **I declare that I have filled in this form for the person(s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.**
Signature of person completing form _____ Date _____
- **I declare that the person named in Section Two has completed this form on my behalf and has read it back to me in full. I confirm that I understand the nature of this application and the details provided in this form.**
Signature of Claimant _____ Date _____

NOTES for the completion of the Discount/Exemption Claim Form for a person(s) with Severe Mental Impairment

The initial bill for a property assumes there are at least two residents in the property and the full charge for Council Tax, Water, and Waste Water is levied. While there is no extra charge if there are more than two residents, a 25% Single Occupier Discount will apply if there is only one resident.

When counting the number of residents, persons with a severe mental impairment are disregarded i.e. not counted as an occupant of the property, when considering a claim for discount or exemption. For example - a property has two occupiers, one of whom has a severe mental impairment. The person with the severe mental impairment is disregarded and we award a 25% discount.

If all the occupants of a property have a severe mental impairment, the property is exempt from Council Tax.

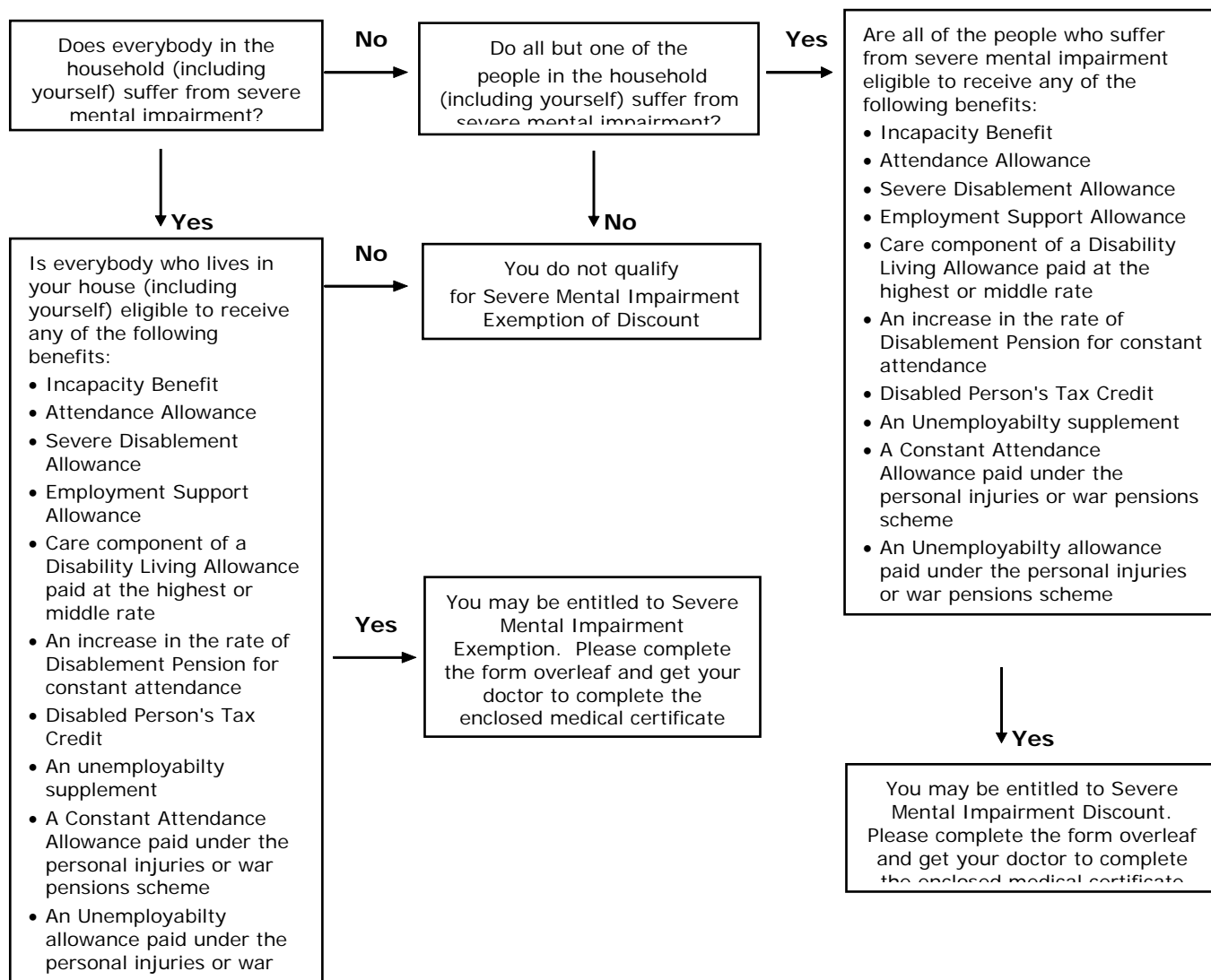
If you need help and advice to complete this form please telephone 0800 393811 or visit one of our Service Points or e-mail us at: Operations.Team@highland.gov.uk.

Completed claim forms should be returned to Operations Team, The Highland Council, PO Box 5650, Inverness, IV3 5YX.

Until your claim has been dealt with, you must continue to make payment as requested in the last bill we sent to you. If we award you discount or exemption we will send you a revised bill which will include all of the payments you have made. If you have overpaid we will send you a cheque for the overpayment.

Please do NOT send personal data to the above email address.

Decision Chart for persons with a Severe Mental Impairment



Please note - discount may be available if you have a Carer(s) living with you.
Please contact us for more information.

Page Three