

Department of Customer Services

Council Tax

Department 6, Britannia House,
Hall Ings, Bradford, BD1 1HX

Acting Director: Becky Hellard

Tel : (01274) 437715
Minicom : (01274) 437813
Fax : (01274) 437888
email :
council.tax.99@bradford.gov.uk



INVESTOR IN PEOPLE



FS36519

Council Tax Disregard

I refer to your recent enquiry in respect of the above.

People who are severely mentally impaired can be disregarded (not counted) for Council Tax purposes. In order to qualify for a disregard, the person must be entitled to one of the benefits listed below:

- Incapacity Benefit
- Severe Disablement Allowance
- Unemployability Supplement payable as an increase to Disablement Benefit
- Unemployability Allowance payable with War Disablement Pension
- Attendance Allowance (higher or lower rate)
- Constant Attendance Allowance (at one of the four rates payable with disablement benefit or war disablement pension)
- Disability Living Allowance (middle or higher rate of care component)
- Disability Working Allowance (provided the qualifying benefit was Invalidity Pension or Severe Disablement Allowance)
- Income Support with Disability Premium (incapacity to work)
- The person's /partner's Jobseeker's Allowance includes a premium to reflect the person's incapacity for work.

If the person for whom you are making the claim has never applied for any of the benefits listed above, then you should first contact your local DWP Office on their behalf, as they may be entitled to claim one of the benefits listed above. You will not be able to make a claim for Council Tax Disregard for them unless they are entitled to one of the listed benefits. If the person for whom you are making a claim does not receive, or has never claimed any of the benefits listed above because they receive a different benefit and are not allowed to claim two benefits, or if they did receive one of the benefits listed above but their entitlement ceased when they reached pensionable age, then the DWP will be able to provide confirmation that the person would be entitled to one of the qualifying benefits. You should contact your local DWP office for help with this.

In addition, the person for whom you are making the claim will need a certificate from their doctor, stating that they are severely mentally impaired. **Bradford Council will obtain this certificate from the person's doctor.**

Part 3 of the application form gives Bradford Council permission to ask for the certificate. The doctor will not make a charge for issuing the certificate.

Please complete parts 1, 2 and 3 of the enclosed form and return it to this office in the prepaid envelope provided. Under no circumstances should the form be taken directly to the applicant's doctor.

Council Tax

People who are severely mentally impaired

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Please quote the account reference number:

1. Full name and address of the person who is severely mentally impaired (the applicant).

2. Full name and address of the applicants representative

3. What is your relationship to the applicant?

Please complete parts 1,2 and 3 and return the form in the envelope provided

Under no circumstances should this form be taken to the applicant's medical practitioner

Part 1: Who lives in the household?

A discount may be given where there is only one adult living in the property who is counted for Council Tax purposes, or where there are no adults living in the property who are counted for council tax purposes.

Please list below the people aged 18 or over who live at the applicant's address. If you know that any of them are not counted for Council Tax purposes please give the reason.

Title	Name	This person (please tick)		
		requires care	provides care	neither

Please continue overleaf

Part 2: Benefit entitlement

In order to qualify for a disregard, the person for whom the claim is made must be entitled to one of the following benefits - please tick as appropriate

- Incapacity Benefit Care Component of Disability Living Allowance paid at middle or highest rate
- Severe Disablement Allowance Attendance Allowance
- Unemployability Supplement payable as an increase to Disablement Benefit Income Support with Disability Premium (incapacity to work)
- Unemployability Allowance payable with War Disablement Pension The person's/partner's Job Seekers Allowance includes a premium to reflect the person's incapacity to work
- Disability Working Allowance (provided the qualifying benefit was Invalidity Pension or Severe Disablement Allowance) Constant Attendance Allowance payable with Disablement Benefit or War Disablement Pension

The date(s) entitlement began

Please enclose proof of the date the benefit entitlement started (e.g. a copy of the award letter)

Part 3: Declaration and authorisation for Bradford Council to contact the applicant's medical practitioner

I authorise you to send this form to the applicant's medical practitioner for the completion of Part 4 below. I agree that the form should be returned directly to you.

Medical Practitioner's name and surgery/hospital address

I declare that the information given in this form is correct to the best of my knowledge. I understand that if I am allowed a discount, I must inform Bradford Council within 21 days of any change in the circumstances of my household which may affect that discount.

Data Protection: The information that you provide will be processed in accordance with the Data Protection Act 1998. However, the Council has a duty to protect public funds and may use certain Council Tax data in cross-system and cross-authority comparison checks for the prevention and detection of fraud. This may include, but is not limited to, matching Council Tax data with Electoral Registration and the residency records of other organisations. The Council may disclose relevant information to other Council departments where it is necessary and lawful to do so for the provision of services. We may also share information with other bodies responsible for auditing or administering public funds.

Signed date

Your telephone number (in case we need to contact you about your application)

Part 4: To be completed by the Medical Practitioner

Medical Practitioner's name and surgery/hospital address

Status.....
(e.g. Consultant, GP etc)

Are you prepared to certify that in your opinion the applicant named on this form is suffering from a severe mental impairment for the purpose of the Local Government Finance Act 1992? Yes No

And, if yes, the severe mental impairment commenced on (date)

Signed date