Council Tax

Application for Severely Mentally Impaired Exemption or Discount

Account Nur	nber:

			Account Number:	
	oied by a Severely Mentally Impa e tick box relevant to your house		a 25% discount or 100	0% discount exemption
A severely menta	ally impaired adult lives alone in	the household.	(A 100% exemption ca	an be given.)
All adults in the h	ousehold are severely mentally	impaired. (A 10	0% exemption can be	given.)
All but one of the be given.)	adults who live in the household	d are severely n	nentally impaired. (A d	iscount of 25% can
Part 1 SEVERELY MI Full Name	ENTALLY IMPAIRED PERSON	'S DETAILS (to	be filled in by you or the p	
Property Address				
Name and address of person acting on applicants behalf				
Relationship to applicant			Telephone No.	
Do you hold Power of A (If yes, please provide a co	attorney for the applicant by of this document)	Yes	No	
Please advise where co	prrespondence should be sent			

Part 2 DOCUMENTARY EVIDENCE

You **must** provide documentary evidence from the **earliest date possible** of all State Benefit(s) you receive in accordance with the box(es) tick1.92 r/b(r0(bo)(x)-5(()-3(es)-15())-/)-2(s)-5())-3(y)-(x)-2(c)(petar@3(x)-7) reW* nBT/F2 s

FOR USE BY A REGISTERED MEDICAL PRACTITIONER (Please ensure that these notes are passed to your doctor with your application).

March 1993 LOCAL GOVERNMENT FINANCE ACT 1992: