

# City of Wolverhampton Council

## Council Tax Application for a person to be disregarded on the grounds of Severe Mental Impairment

For office use only	<b>ACCOUNT NUMBER</b>	
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### 1. Important information to help you complete this form

1. Persons aged 18 or over who are severely mentally impaired may be disregarded for Council Tax purposes.
2. This form may be completed by someone acting on behalf of the person to be disregarded. On receipt of an application form, the Revenues and Benefits Service will contact the doctor or consultant of the person named for confirmation of the impairment and the applicant will be notified of the reply.
3. Please complete this form in ink using **CAPITAL LETTERS**.
4. Further advice or assistance can be obtained by telephoning (01902) 551166 or by visiting Customer Services, Ground Floor, Civic Centre, St Peters Square, Wolverhampton. The hours of opening are Monday to Thursday 8.30am - 5.00pm and Friday 8.30am - 4.30pm.

### 2. Details of person to be disregarded

Title	First Name(s)	Surname/Family Name	
Address			
		Post Code	

### 3. Details of benefits received

Please indicate which of the following benefits you receive by circling either Yes or No to all questions.

Help with personal care and/or supervision (care component of the Disability Living Allowance)	Yes / No
Attendance Allowance	Yes / No
Constant Attendance Allowance	Yes / No
Severe Disablement Allowance	Yes / No
Employment and Support Allowance	Yes / No
Incapacity Benefit	Yes / No
Income Support including a disability premium	Yes / No
Disability element of Working Tax Credit	Yes / No
Partner is in receipt of income based Job Seekers Allowance which includes an disability premium	Yes / No

Please continue overleaf

#### 4. Occupiers of the property

Please list all occupants of the property aged 18 and over, including the person named in Section 2.

Name	Date of Birth	Interest in property ie. sole or joint owner, sole or joint tenant, other resident

#### 5. Authorisation to contact doctor

I authorise the Revenues and Benefits Service to seek the necessary certificate from the doctor named below and I agree that it can be sent direct to the Revenues and Benefits Service.

Doctor's Name.....

Surgery / Hospital Address.....

Name of applicant in **CAPITAL LETTERS**.....

Signature of applicant or person acting on their behalf.....

#### 6. If you are completing this form on behalf of the person to be disregarded, please provide the following information in case you need to be contacted

Name.....

Address.....

Telephone Number & Email.....

Capacity in which signed.....  
(relative, social worker, etc.)

#### 7. Declaration

**I declare that the information provided is correct to the best of my knowledge and I will let the Revenues and Benefits Service know of any changes which may affect any discount given.**

Signature.....

Date.....

#### 8. Returning this form

When completed, please return this form to:-

Revenues and Benefits Service, Wolverhampton City Council, P O Box 250, Wolverhampton, WV2 1AX

The Council is under a duty to protect public funds and, to this end, may use the information held or provided by you for the prevention and detection of fraud. It may also share this information with other bodies, including (but not limited to) Wolverhampton Homes, the Police and other agencies for these purposes and also for the audit or administration, collection and recovery of claims, transactions, applications, taxes and payments and for performing other statutory enforcement duties. For more information visit Fair Processing Notice Data Matching available at [www.wolverhampton.gov.uk](http://www.wolverhampton.gov.uk).

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