# North Somerset Council BannerApplication for Council Tax reduction for people with a severe cognitive disorder

For Council Tax purposes, a person is considered to have a severe cognitive disorder if they have a permanent severe impairment of intelligence and social functioning.

They must have a certificate from a registered medical practitioner giving the date when they became impaired. They will also need to be entitled to (or were when they reached pensionable age) one of the following:

* Incapacity benefit
* Employment and support allowance
* Attendance allowance
* Severe disablement allowance
* The care component of disability living allowance (middle or higher rate)
* Increased disablement pension because constant attendance is required
* Constant attendance allowance
* The disability element of working tax credit
* Unemployability supplement or allowance
* Income support where the applicable amount includes a disability premium
* The standard or enhanced rate of the daily living component of personal independence payment

A full reduction is given when a home is only lived in by one or more people who are severely mentally impaired. An application needs to be made for each person living in the property.

If all the adults living in a property have a severe cognitive disorder apart from one person, a 25% discount can be given.

**How to apply**

Complete part one of the application form. Print, sign and attach a copy of proof of benefits. Pass the whole form to the person’s doctor for them to complete part two.

The doctor should return the whole form to the Council Tax officer with any previously attached copy of proof of benefits.

**Part one**

To be completed by the person who is acting on behalf of the cognitively impaired person.

1. How many people aged 18 or over live in the property?
2. Of this number, how many people are impaired?
3. Please provide their name(s). A separate form needs to be completed for each such person.

Title:  Mr  Mrs  Miss  Ms

First name:

Last name:

1. Pension/allowance that the person named above is entitled to:
2. Doctor’s name:
3. Doctor’s address:

**Declaration**

I confirm that the above information is true and correct to the best of my knowledge and belief. I will tell the Council Tax office of any change in circumstance that could affect entitlement to the discount. I understand that a minimum £50 penalty can be imposed, or I may be prosecuted, if any information given above is found to be untrue or if I do not give information within 21 days of being asked for it.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Telephone number:

Email address:

Part two

To be completed by the doctor of the cognitively impaired person. Please complete in BLOCK CAPITALS. Please complete the form below, stating whether the person named in part one is cognitively impaired

Name of applicant:

Address:

In my opinion the person named above is cognitively impaired and has been so since: (date)

yes no

/ /

The condition is permanent: yes no

Describe the condition:

Doctor’s name:

Address:

Official stamp:

**Declaration**

I certify that the above information is true and correct, and that for the purposes of the Local Government Finance Act 1992 the applicant is severely mentally impaired.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Telephone number:

Email address:

After completion, please return parts one and two together with proof of benefit to:

Council Tax team

PO Box 76  
Town Hall  
Weston-super-Mare   
BS23 1YY