



**WATFORD
BOROUGH
COUNCIL**



Please complete this form as appropriate and return it to :

Revenues & Benefits Services
Town Hall, Watford, WD17 3EX
Tel : 01923 278466
Email : counciltax@watford.gov.uk
: counciltax@threerivers.gov.uk
Website : www.watford.gov.uk
: www.threerivers.gov.uk

Date of issue: ... /... /

Property Ref:

**APPLICATION FOR COUNCIL TAX DISCOUNT/EXEMPTION
SEVERLEY MENTALLY IMPAIRED**

To qualify for this Council Tax discount or exemption, a person must be severely mentally impaired and be entitled to certain benefits. Please read the information on this application form carefully before completing and submitting the form.

Full name of person who is severely mentally impaired:

Address of property:

*How many adults live in the above dwelling?
(include anyone who is aged 18 or over)*

I declare that the person named above is entitled to one or more of the benefits listed below and I enclose evidence of such entitlement.

A Declaration on benefit conditions – please tick the appropriate box(es)	
<ul style="list-style-type: none"> ▪ Incapacity Benefit (short-term) <input type="checkbox"/> ▪ Employment and Support Allowance (ESA) <input type="checkbox"/> ▪ Attendance Allowance (AA) <input type="checkbox"/> ▪ Severe Disablement Allowance (SDA) <input type="checkbox"/> ▪ Personal Independence Payment Daily Living Component (standard or enhanced rate) <input type="checkbox"/> ▪ The highest or middle-rate care component of Disability Living Allowance (DLA) <input type="checkbox"/> ▪ An increase in Disablement Pension for constant attendance <input type="checkbox"/> 	<ul style="list-style-type: none"> ▪ The disability element of Working Tax Credit <input type="checkbox"/> ▪ Unemployability Supplement (abolished in 1987 but existing claimants remain entitled) <input type="checkbox"/> ▪ Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes <input type="checkbox"/> ▪ Armed Forces Independence Payment <input type="checkbox"/> ▪ Unemployability Allowance payable under the Industrial Injuries or War Pensions schemes <input type="checkbox"/> ▪ Income Support which includes a disability premium because of incapacity for work <input type="checkbox"/>

DETAILS OF APPLICANT OR PERSON ACTING ON BEHALF OF THE APPLICANT

Full Name:.....

Address:.....

Relationship To Applicant:.....

Telephone Number..... Email Address.....

Signature..... Date:.....

REQUEST TO MEDICAL PRACTITIONER

Please complete the certificate below stating whether the person named is severely mentally impaired.

CERTIFICATE

This certificate is for use in deciding whether the person named is severely mentally impaired for Council Tax purposes.

Full name of person who is severely mentally impaired:

.....

I can confirm the person named above has a severe impairment of intelligence and social functioning which appears to be permanent.

YES NO

With effect from __ / __ / ____ (Please give exact date)

Medical Practitioner signature Date.....

Medical Practitioner Full Name (IN BLOCK CAPITALS)

Full Address of Surgery/Hospital.....

.....



Once the form has been completed please return to:

**REVENUES & BENEFITS
WATFORD BOROUGH COUNCIL
TOWN HALL
WATFORD
HERTFORDSHIRE
WD17 3EX**

Please ensure

- Evidence of entitlement to benefits is enclosed.
- The Medical Practitioner has completed and signed the certificate above.
- The applicant or person acting on behalf of the applicant has completed and signed the form.