

«AllAssocs»
«AA1Address1»
«AA1Address2»
«AA1Address3»
«AA1Address4»
«AA1Address5»
«AA1Postcode»

Enquiries to: Billing Section Direct Dial: (024) 7637 6534	
Date of issue:	«SystemDate»
Account Ref	«AccountRef»
Uprn:	«Prop1Ref»

Please complete this form and return to:
FINANCE & PROCUREMENT
TOWN HALL
NUNEATON
WARWICKSHIRE
CV11 5AA
Telephone: **024 7637 6534**
Email: billing.section@nuneatonandbedworth.gov.uk

**APPLICATION FOR PERSONS TO BE DISREGARDED
FOR THE PURPOSE OF COUNCIL TAX**

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This form is to be completed and returned by the person responsible for payment of the Council Tax (the liable person), unless the liable person is **severely mentally impaired** in which case it may be completed by another person.

A person who suffers from impairment of intelligence and social functioning (however caused) which appears to be permanent. Anyone who claims for this disregard will need to give permission to the Council to contact the Medical Practitioner of the person concerned in order to confirm the impairment. In addition to this, the person seeking the disregard must be in receipt of at least one of certain allowances (see part three).

PART 1: Please provide the following details of the person who is severely mentally impaired:

Name:		D.O.B.	
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Property Address:
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PART 2: Details of impairment:

Does the above named person suffer from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please give brief details of the impairment:				
Start date of claim:					

PART 3: Please confirm which of the following benefits the applicant is in receipt of:

Benefit/Allowance :	Tick if applicable :
Incapacity Benefit (Short-term or long-term)	
Attendance Allowance	
Severe Disablement Allowance	
The care component of Disability Living Allowance at the middle or highest rate.	
An increase in the rate of Disablement Pension where constant attendance is needed	
A Disability Working Allowance	
An unemployability supplement	
An unemployability allowance	
A constant Attendance 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.	
Armed forces Independence Payment	
Universal Credit which includes an amount in respect that the person has limited capability to work	

Please note: the allowance/pension book or written confirmation from the Department for Work and pensions must be produced when making the application. These documents must confirm the start date of the claim.

PART 4: Details of the Doctor of the Impaired Person

This part is to be completed by the Severely Mentally Impaired person (if the person is unable to complete the form please arrange for a suitable person to complete the form on their behalf). NHS guidelines confirm that the certificates should be issued without charge to the patient or their representative.

Name of Doctor:
Name of Practice:
Practice Address:
Practice tel. No:
I hereby give Nuneaton and Bedworth Borough Council permission to contact my doctor to confirm that I am Severely Mentally Impaired. (If the person is unable to sign the form please arrange for a suitable person to sign on their behalf).	
Signature:
Name (if not severely mentally impaired person):
Relationship to Impaired person:

I declare that the information given above is correct to the best of my knowledge and belief.	
Signed:	Name (BLOCK CAPITALS):
Tel:	Date:
E-mail:	

IMPORTANT: You must notify Finance and Procurement if the above circumstances change. If you fail to do so, you may be subject to a penalty of £70.