

**APPLICATION FOR COUNCIL TAX DISCOUNT FOR
SEVERE MENTAL IMPAIRMENT**

CERTIFICATE

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

Full Name of Applicant:.....

For the purposes of the Local Government Finance Act, 1992, a person is severely mentally impaired if he / she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

In my opinion, the person named above is severely mentally impaired and has been so from:

(Date).....

Doctor's Signature:

Doctor's Full Name:.....
(IN BLOCK CAPITALS)

Surgery / Hospital:.....
Address:

Doctor's Status: (*GP etc*):

Date:

To the Doctor: Please return the application, the certificate and the evidence of applicant's entitlement to benefits (which has been sent to you by the applicant or person assisting them), to the Local Authority.
