

Local Taxation Services
Southampton City Council
Civic Centre
Southampton
SO14 7LY
Direct Dial: 023 8083 3009
Email: council.tax@southampton.gov.uk



Council Tax Discount – Severe Mental Impairment

The full Council Tax will normally be payable where more than one person lives in a property. A discount or full exemption may be given if a member of the household is severely mentally impaired and receives certain allowances or benefits.

No Council Tax is payable where all residents are mentally impaired (except care homes or other properties where the owner is liable to pay the council tax)

If you think you may be entitled to this reduction I have to ask the doctor to confirm the details, and I need you to say that I can do this. Please:

- Complete the forms below
- Sign the declaration to authorise me to contact the Benefits Agency or the Department of Work and Pensions to confirm that the allowance you have ticked has been granted.
- Return ALL papers to me at the address shown above (do not send any to the doctor)

If there is any part of this letter that you do not understand, or if you have any further questions, please do not hesitate to contact the Council Tax office on 023 8083 3009.

All written information is available, on request, in larger print, in Braille, on audio tape and on disk. It is also available in other languages. Please contact Local Taxation Services on 023 8083 3009.

Name:

Account Number:

Address:

1. How many adults (aged over 18) live at the above property?

2. How many are mentally impaired?

If there is more than one person who is mentally impaired we will send you further forms to complete for all the residents. Meanwhile please provide all names below and complete further details for the first person named.

3. Please give details of all persons who are mentally impaired:

Full Name	Date of Birth	National Insurance Number

4. Which allowance does the first person named above receive? *(Please tick)*

Incapacity benefit	
Severe disablement allowance	
Attendance allowance at the higher or lower rate	
Constant attendance allowance at one of the four rates payable with disablement benefit or war disablement pension	
The care component of a disability living allowance, payable at the higher or middle rate	
The standard or enhanced rate of the daily living component of personal independence payment (PIP)	
Unemployables allowance payable with war disablement pension	
Unemployables allowance payable as an increase to disablement benefit	
A disability working allowance (such as disability tax credit)	
The person named above is the partner of a person in receipt of income-based Jobseekers Allowance which includes a disability premium or higher pensioner premium	
A state pension - but they would have been entitled to one of the benefits above if they had not reached retirement age	

View our [Fair Processing Notice](#)

Please sign your name: _____

Date: _____

Please include proof of the above allowances such as a letter of entitlement.

Council Tax Discount

APPLICANT'S NAME: _____

ADDRESS _____

DECLARATION

PLEASE READ, SIGN AND DATE

I authorise the Council Tax Billing office of Southampton City Council to contact the Benefits Agency or the Department of Work and Pensions to confirm which allowances have been granted.

Signature: _____ **Date:** _____

This form should be sent to Local Taxation Services, Civic Centre, Southampton, SO14 7LY.

Privacy statement

Southampton City Council is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided.

In performing this service, the Council may be required to share your information with other organisations or departments, but it will only do so when it is necessary in order for the service to be provided.

The Council may also share your personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share your personal information, or use it for this, or any other purpose, unless provided for by law.

More detailed information about the Council's handling of your personal data can be found in its privacy policy, available online (<http://www.southampton.gov.uk/privacy>), or on request.

AGREEMENT TO CONTACT THE DOCTOR

Please complete this form and sign below

Doctor's Name:

Doctor's surgery/hospital address:

Name of person who is mentally impaired:

Address:

Date of Birth:

Your relationship to this person:

I agree that you may contact the Doctor

Your signature: _____ **Date:** _____

Your full name: _____

Your address: _____

Please return all forms to Local Taxation Services, Civic Centre, Southampton
SO14 7LY