

Council Tax Team
Torrige District Council
Riverbank House
Bideford
Devon EX39 2QG

T/no: (01237) 428900
Email: council.tax@torridge.gov.uk
Web: www.torridge.gov.uk



Office Hours (For Telephone Enquiries)
Mon - Thu 8.45 am to 5.00 pm
Friday 8.45 am to 4.45 pm

Account Ref:

Property Ref:

Dear

**Council Tax: Class 'U' Exemption Application
(for the severely mentally impaired)**

A property is exempt from Council Tax when the only adult resident or all of the adult residents are severely mentally impaired.

For Council Tax purposes a person is considered as being severely mentally impaired if he or she has a severe impairment of intelligence and social functioning, however caused, which appears to be permanent and they are in receipt of one of the benefits below. We will also contact the impaired person's Doctor to complete the certificate overleaf.

BEFORE COMPLETING THIS FORM PLEASE READ THE NOTES ON PAGE 4

SECTION A

Name of person suffering from the Impairment _____

Address _____

Contact Telephone Number _____

No of person's over 18 who have their sole main residence at this address _____

Please tick the appropriate boxes below and **enclose evidence of entitlement** to the benefit(s) that the severely mentally impaired person is receiving.

- a) Invalidity pension under section 33, 40 or 41 of the Social Security Contributions and Benefits Act 1992 (a); or from 13th April 1995 Incapacity benefit under Section 30A of that Act, as amended.
- b) Attendance allowance under section 64 of that Act;

- c) Severe disablement allowance under section 68 of that Act;
- d) The Personal Independence Payment (PIP) Daily living Component – Enhanced or Standard Rate
- e) An increase in the rate of his/her disablement pension under section 104 of that Act (increase where constant attendance needed);
- f) A disability working allowance under section 129 of that Act for which the qualifying benefit is one falling within subsection (2)(a)(i) or (ii) of that section, or is a corresponding Northern Ireland benefit;
- g) An unemployability supplement under Part 1 of Schedule 7 to the Act;
- h) A constant attendance allowance under –
- (i) article 14 of the Personal Injuries (Civilians) Scheme 1983; or
 - (ii) article 14 of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument);
- i) An unemployability allowance under –
- (i) article 18(1) of the Personal Injuries (Civilians) Scheme 1983; or
 - (ii) article 18(1) of the Naval, Military and Air Forces etc. (Disablement and Death) Service Pensions Order 1983 (including that provision as applied, whether with or without modifications, by any other instrument);
- j) Income Support where the applicable amount includes a disability premium.

Date the person first received this benefit _____

I declare that the information on this form is correct, to the best of my knowledge.

Signature

Date

SECTION B

I authorise the Head of Financial Services to seek on behalf of the impaired person the certificate set out in Section C below from the following registered medical practitioner.* I agree that the certificate should be returned direct to the Head of Financial Services with a copy for transmission to me.

Doctor's Name _____

Doctor's Surgery/Hospital Address _____

* This will normally be the impaired person's General Practitioner. Any certificate issued by the General Practitioner will be for use only in applying for disregarded status/property exemption purposes in connection with the Council Tax.

SECTION C

To be completed by the Doctor

Please sign and return this certificate to Council Tax Team, PO Box 24, Bideford, Devon EX39 2YS. The information that you have supplied on this certificate will only be used to assess eligibility for a reduction in Council Tax.

I certify that the person named in Section A above (please tick)

Is suffering from a permanent form of impairment of intelligence or social functioning, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of Council Tax discount and has been since (please provide date)

Is not suffering from a permanent form of impairment of intelligence or social functioning, as provided for under the Local Government Finance Act 1992 (as amended) for the purposes of Council Tax discount.

I can confirm that no charge should be made to the applicant or his representative for the completion of this medical certificate. Details can be found in Schedule 9 of the NHS (General Medical Services) Regulations 1992 as amended.

Doctor's signature _____

Full name (Printed in capital letters) _____

Date _____

If you require any assistance please contact your local strategic Health Authority with reference to The Department of Health Letter PL/CO (93) 1, which provides guidance to all general medical practitioners required to complete Council Tax certificates. If you need further advice please contact Council Tax on 01237 428900.

Instructions for completing this form

Sections A and B must be completed by the person liable to pay the Council Tax for the property where a severely mentally impaired person has his/her main residence.

Please leave Section C blank.

When Sections A and B have been completed please return the whole form to the Council Tax office at the above address together with proof of the entitlement to benefit ticked in Section A.

Do **NOT** send this form direct to the Doctor.

In appropriate cases the Council will seek confirmation of the person's medical condition in accordance with the authorisation at Section B.

Please do not hesitate to contact the Council Tax office if you have any queries in completing this form.

WARNING: ANY PERSON WHO SUPPLIES FALSE INFORMATION MAY BE LIABLE TO PROSECUTION. YOU ALSO HAVE A LEGAL OBLIGATION TO INFORM TORRIDGE DISTRICT COUNCIL IF YOU HAVE A CHANGE OF CIRCUMSTANCES WHICH WOULD AFFECT THE DISCOUNT.

Torrige District Council collects, stores and processes your personal information in accordance with the requirements of the General Data Protection Regulation (Regulation (EU) 2016/679) and Data Protection Act 2018.

Our lawful basis has been determined as:

Legal Obligation – in relation to personal data

Substantial Public Interest – in relation to 'special category' personal data

Personal information provided on this form may be shared with other council services where this assists in the delivery of those services.

Personal information provided on this form may be shared with third parties where we are legally obliged to do so, or where this is necessary to enable us to provide the service requested.

To view our full privacy policy including information on your rights, how to contact the Data Protection Officer, data retention information, more detail on information sharing and how to provide feedback or make a complaint, please see the privacy pages of our website

Website: <http://www.torrige.gov.uk/privacynotice/>

Alternatively, a full copy of our privacy policy can be viewed at our main office or a copy can be requested by writing to the Data Protection Officer at Riverbank House, Bideford, Devon, EX39 2QG.