

**COUNCIL TAX DISCOUNT / EXEMPTION  
SEVERELY MENTALLY IMPAIRED**

**FORM  
DIS G**

Date of Issue:

Ref Number:

**Before completing this form, please read the notes below**

**The person liable to pay the Council Tax should complete this form and return it (along with any evidence of entitlement to benefits) in the envelope provided. If you need help or advice please contact the Council Tax Section at the above address.**

A. APPLICANT: .....

ADDRESS: .....

.....

Total number of adults resident in the property   
(include all those aged 18 years and over)

**NOTES FOR APPLICANT:**

1. Please complete this application for any people who you consider should be disregarded for Council Tax purposes because they are severely mentally impaired. Please complete a separate form for each resident who is severely mentally impaired.
2. The full Council Tax bill assumes that there are two adults living in a property. However, for Council Tax purposes certain people will not be counted when looking at the number of adults. If the number of people left after these people are not counted is less than two then the Council Tax may be reduced.
3. A person shall be disregarded for the purposes of discount on a particular day if on the day:-
  - I. He / she is entitled to one of the benefits listed in section B.
  - AND**
  - II. He / she is confirmed as being severely mentally impaired by a registered medical practitioner.

**PLEASE TURN OVER TO COMPLETE THIS APPLICATION**

**Please supply evidence of entitlement to any of the below.**

**B. DECLARATION OF BENEFIT ENTITLEMENT**

**Please tick the appropriate box or boxes to indicate which of these benefits the applicant is entitled to:**

Short or long term incapacity benefit

An invalidity pension

A severe disablement allowance

An unemployability supplement or allowance

Attendance allowance or Constant attendance allowance

An increase in the rate of disablement pension  
(Where constant attendance is needed)

The care component of a disability living allowance  
at the highest or middle rate or Personal Independence Payment  
(PIP) Daily Living Component at either standard or enhanced rate

A disability working allowance (previously having been entitled  
to an invalidity pension or severe disablement allowance)

Income support where the applicable amount includes a disability premium

**DATA PROTECTION STATEMENT**

Your personal information will be held and used in accordance with the requirements of the Data Protection Act 1998.

This Authority is under a duty to protect the public funds that it administers and, to this end, may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds, solely for these purposes.

**IMPORTANT**

You do not have to complete this form unless you wish to claim a discount but if you provide false information you may be subject to a penalty of £70 and prosecution under the Theft Act 1968.

**Details of Doctor dealing with the person for whom this application is made**

Doctors Name.....

Doctors Surgery Address.....

.....

**DECLARATION BY PERSON ACTING ON APPLICANT'S BEHALF**

The information given on this form is correct. I undertake to notify you immediately if I believe that they are no longer eligible for a reduction granted in respect of this application.

Name of person acting on applicant's behalf: .....

Relationship to applicant:.....

Address for contact: .....

.....

Telephone number.....

Signed..... Date.....

**This form should be returned to the Council's offices at the address shown at the head of the application.**

To be completed by a Registered Medical Practitioner and returned to Epsom and Ewell Borough Council, Town Hall, The Parade, Epsom, Surrey. KT18 5BY in the envelope provided.

**Section C. TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER**

Doctors Surgery / Hospital address: .....

.....

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 had been so from:

Date (from when severely mentally impaired):.....

Doctor's names (in BLOCK CAPITALS); .....

Doctor's status: .....

Doctor's signature:..... Date: .....