



Ribble Valley  
Borough Council

[www.ribblevalley.gov.uk](http://www.ribblevalley.gov.uk)

# COUNCIL TAX



**RIBBLE VALLEY BOROUGH COUNCIL**  
Council Offices  
Church Walk  
CLITHEROE BB7 2RA  
Telephone 01200 425111  
Fax 01200 414432

## APPLICATION FOR DISCOUNT DUE TO DISREGARDED PERSONS:

### THE SEVERELY MENTALLY IMPAIRED

This form is to be completed by the Council Tax Payer. This is the person who is liable for the Council Tax and whose name appears on the Council Tax bill.

If you are in any doubt about who should complete this form or have any other questions about the Council Tax, please telephone the Council Tax Section of Ribble Valley Borough Council on Clitheroe 01200 425111 or call at the Council Offices, Church Walk, Clitheroe.

A disregarded person is someone who is ignored when counting the number of adults in a property for Council Tax purposes.

A person is considered to be severely mentally impaired, and eligible for disregard if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent. This is assessed by a medical practitioner. In addition, the individual must be entitled to any one of a number of qualifying benefits.

**Along with this form, you must provide proof of the qualifying benefit that is in payment to the severely impaired person. Ideally, this will show the date that the benefit first started to be paid.**

**This proof could include your award letter from the Department for Work and Pensions, or evidence that you would be entitled to the qualifying benefit if it were not for any other reason.**

**PART A – Details of the person who may qualify for the disregard**

1. Name and Address of qualifying person

2. Names of any other occupiers aged over 18 at the above address (if applicable)

Name	Age	Relationship to person named above

3. Name and address of severely impaired person's authorised representative (if appropriate). Proof of your authority to act must be provided.

4. To qualify for a disregard, the person named in Question 1 must be entitled to at least one of the qualifying benefits.

*Please tick the appropriate box or boxes*

- (i) an **incapacity benefit** under Section 30A, 40 or 41 of the Social Security (Contribution and Benefits) Act 1992;
- (ii) an **attendance allowance** under Section 64 of that Act;
- (iii) a **severe disablement allowance** under Section 68 of that Act;
- (iv) the **care component of a disability living allowance** under Section 71 of that Act, payable at the **highest rate** under Section 72(4)(a) or the **middle rate** under Section 72(4)(b) of that Act;
- (v) an increase in the rate of his/her **disablement pension** under Section 104 of that Act (Increase where constant attendance needed);

- (vi) 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.
- (vii) an **unemployability supplement** under Part 1 of Schedule 7 to that Act;
- (viii) a **constant attendance allowance** under:
- (a) article 14 of the Personal Injuries (Civilians) Scheme 1983; or
- (b) 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);
- (ix) an **unemployability allowance** under:-
- (a) article 18(1) of the Personal Injuries (Civilians) Scheme 1983, or
- (b) 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)
- (x) **Income Support** where it includes a disability premium in respect of which the additional condition in paragraph 12(1)(b) of Schedule 2 to the Income Support (General) Regulations 1987 is satisfied
- (xi) The **standard or enhanced** rate of the **daily living component of personal independence payment** under Section 78(3) of the Welfare Reform Act 2012
- (xii) **Universal Credit** under Part 1 of the Welfare Reform Act 2012; the calculation of which includes an amount under Regulation 27(1) of the Universal Credit Regulations 2013 in respect of the fact that the person in question has limited capability for work or limited capability for work and work-related activity or would include such as amount but for Regulation 27(4) or 29(4) of those Regulations
- (xii) The person in question has reached pensionable age as defined for the purposes of Parts I to VI of the Social Security Contributions Act 1992, and had they not reached pensionable Age they would have been entitled to one of the benefits listed above. NB: Please specify which benefit would apply.
- (xiv) The person in question is a person whose partner is in receipt of Job Seeker's Allowance, and by virtue of that person's incapacity for work the applicable amount for the purposes of Regulation 83 or 84 of the Job Seeker's Allowance Regulations 1996 includes a premium which falls to be determined under (d) or (g) of paragraph 14(1) of Schedule 1 of the Regulations

**PART B – To be completed by the registered medical practitioner. Please use ink and write in BLOCK CAPITALS**

I certify that in my opinion, the person named in Part A, Question 1 (please tick one of the following boxes):

**IS**

With Effect From.....

**IS NOT**

suffering from severe mental impairment within the meaning of Schedule 1 (2) of the Local Government Finance Act 1992.

Doctor's Signature:

Date:

Doctor's Full Name,  
Status and  
Surgery/Hospital  
Address:

**NB This certificate is only for use in deciding whether the person named in Part A, Question 1 is severely impaired for Council Tax purposes.**

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**PART C – Declaration to be signed by the Council Tax payer at the address named in Part A (or their authorised representative)**

Declaration to be **signed by the Council Tax Payer**

I declare that the information given on this form is true and accurate to the best of my knowledge and belief. I undertake to notify Ribble Valley Borough Council if the circumstances of the severely mentally impaired person change and they no longer qualify for this discount.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Daytime Telephone Number:** (in case we need to contact you): \_\_\_\_\_