



Guildhall
Marshall's Yard
Gainsborough
DN21 2NA
Telephone: (01427) 676676
Web: www.west-lindsey.gov.uk

APPLICATION FOR COUNCIL TAX REDUCTION

Property Reference:

Account Reference:

Date:

The full Council Tax is made up of a property element (50%) and a person element (50%). The full charge assumes that there are two (or more) adult occupiers and if there is only one adult occupier a discount of 25% may be claimed.

Certain people are 'disregarded' for Council Tax purposes – that is they are treated as if they are not resident, which can result in a discount.

A person may be disregarded 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 a qualifying benefit.

IN ORDER THAT A DISCOUNT CAN BE CONSIDERED, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND OVERLEAF IN BLACK INK.

The total number of adults aged 18 years and over who live in the property

Full name of the impaired person

Please tick the appropriate box(s) to indicate which benefit is in payment to the applicant :

- ◆ Short-term or long-term incapacity benefit (IB)
- ◆ Attendance allowance (AA)
- ◆ Severe disablement allowance (SDA)
- ◆ The highest or middle rate care component of disability living allowance (DLA)
- ◆ An increase in disablement pension for constant attendance
- ◆ Standard or enhanced rate of the daily living component of personal independence payment (PIP)
- ◆ Constant attendance allowance payable under the industrial injuries or war pension schemes
- ◆ Unemployability allowance payable under the industrial injuries or war pension schemes

- ◆ Income support which includes a disability premium because of incapacity for work
- ◆ Employment and support allowance
- ◆ Unemployability supplement as an increase to disablement pension

- ◆ Disabled persons tax credit where previously entitled to Incapacity Benefit or Severe Disablement Allowance
- ◆ Job seekers allowance if received by the partner of the severely mentally impaired person
- ◆ Armed forced independence payment
- ◆ Disability Working Allowance where based on getting income support including disability pension
- ◆ Universal Credit including an element for limited capability for work or limited capability for work related activity

**NB PROOF OF AWARD START DATE OF QUALIFYING BENEFIT WILL BE REQUIRED.
PLEASE ASK YOUR DOCTOR TO COMPLETE THE MEDICAL CERTIFICATE ON THE
REVERSE OF THIS FORM**

Please Continue Overleaf

LOCAL GOVERNMENT FINANCE ACT 1992

To be completed by a Registered Medical Practitioner

Doctor's surgery/Hospital address

Name and address of applicant

I certify that in my opinion the person named

Is suffering severe impairment of intelligence

YES NO

Is suffering severe impairment of social functioning (however caused)

YES NO

It is permanent

YES NO

Has been severely mentally impaired since
(Please give exact date)

In my opinion, is NOT suffering severe mental impairment

Doctor's signature

Doctor's full name (in capitals)

Doctor's status

Date

Please Continue Overleaf

NB If you wish to make a backdated claim from the date the condition was recognised, this could only be considered back to the start date of the qualifying benefit. Documentary evidence would need to be provided to confirm the start date.

Statement

Warning: Deliberately giving false information could lead to prosecution

I understand the following:

You will use the information I have provided to determine my liability for and to collect my Council Tax.

You may get information about me from, and give information about me to, other sections of the Council, with other Councils and with other government departments to:

- determine eligibility for Housing Benefit
- determine liability for and collection of Council Tax
- update details for other payments due to the Council, for example, car parking season tickets or annual payments for extra green garden bins
- assess and collect other taxes and duties
- help detect and prevent fraud/crime

I declare that the information I have given on this form is complete and accurate to the best of my knowledge and I understand that West Lindsey District Council may check the information given.

Signature:		Date:	/	/
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Full Name (please print)		Mobile:	
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Telephone number:		Email:	
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If you would like to receive future bills by email please tick box	<input type="checkbox"/>
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Please note this form can be completed in full then scanned or photographed and returned by email to council.tax@west-lindsey.gov.uk

West Lindsey District Council Privacy Notice

To find out more about why we need your information, what we will do with it and how to contact us if you have any concerns or questions please read our 'privacy notice'

<https://www.west-lindsey.gov.uk/privacy/>

For Revenues specific concerns or questions please read our Revenues Privacy Notice

<https://www.west-lindsey.gov.uk/privacy/revenues-privacy-notice/>

If you require a written copy of either of these statements please contact the Customer Service team on 01427 676676.