



Revenues Department  
Redcar & Cleveland Borough Council  
Redcar & Cleveland House  
Kirkleatham Street  
Redcar  
TS10 1RT

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[www.redcar-cleveland.gov.uk](http://www.redcar-cleveland.gov.uk)  
CWK004

## Application for Council Tax Disregard Severe Mental Impairment (SMI)

If you have been certified by a medical professional as having a severe mental impairment (SMI) and are receiving health related benefits, you could be disregarded as an occupant of your property for the purposes determining Council Tax liability.

**Please provide the details of the person who has Severe Mental Impairment in your household.**

<b>Surname:</b>		<b>Forename(s):</b>	
<b>Date of birth:</b>		<b>National insurance number</b>	
<b>Address</b>			
<b>Telephone number</b>		<b>Council Tax Number</b>	

I declare that the applicant is entitled to the following benefits (*please tick all that apply*):

### **SUPPORTING EVIDENCE MUST BE PROVIDED**

**Date Awarded**

Disability Living Allowance (DLA) Care Component (Middle or High rate)	<input type="checkbox"/>	_____
Personal Independence Payment (PIP) Daily Living Component (Standard or Enhanced Rate)	<input type="checkbox"/>	_____
Attendance Allowance (Low or High Rate); or Constant Attendance Allowance	<input type="checkbox"/>	_____
Incapacity Benefit / Employment & Support Allowance	<input type="checkbox"/>	_____
Severe Disablement Allowance	<input type="checkbox"/>	_____
Income Support / Jobseekers Allowance which includes a disability premium	<input type="checkbox"/>	_____
Universal Credit including a 'limited capability for work' element	<input type="checkbox"/>	_____
Working Tax Credit including disability element	<input type="checkbox"/>	_____

## **DECLARATION**

I certify that the above information is correct to the best of my knowledge and belief.  
I give permission to Redcar and Cleveland Borough Council to contact my/the  
claimant's doctor in order to obtain further medical information if necessary, and to  
confirm with the Department for Work and Pensions any relevant entitlement to benefit.

Signature:

Relationship to applicant:

Date:

**The easiest was to return the form to us is to upload it online** you can do this by typing in the following URL [www.redcar-cleveland.gov.uk/infouploadct](http://www.redcar-cleveland.gov.uk/infouploadct) to your web browser or if you have a smart phone or tablet you can **scan the QR code**.



**You can take a photograph of the completed form and upload it from your photographs on your device.**

# Severe Mental Impairment Medical Certificate for Council Tax Disregard

Please provide the following information for the person who is severely mentally impaired:

Surname:		Forename(s):	
Date of birth:		National insurance number	
Address			

Council tax number	
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## **DOCTOR'S CERTIFICATE** (to be completed by the person's doctor)

I confirm that the person named above is my patient and has severe mental impairment of intelligence and social functioning which appears to be permanent.

Date Impairment Commenced:		Official Stamp:	
Signature:			
Print Name:			
Address of Surgery/Hospital:			

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