

Application for a Severely Mentally Impaired (SMI) Person's Discount

Please complete this form, sign the declaration at the end and return the form to: **The Council Tax Service, PO Box 147, Manchester, M15 5TU.**

If more than one person at the property is severely mentally impaired please fill in one form for each person. If you need more forms you can download them at www.manchester.gov.uk/counciltaxsmiform or photocopy this one or ring us on 0161 234 5002.

Severely mentally impaired (SMI) person's details

Full name of the SMI person:

Their address:

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Their date of birth:

How many people aged 18 or over live at this address?

Qualifying benefits – Please tick the benefit the person gets or qualifies for if they don't receive it. If they qualify for a benefit they don't receive please ask the DWP for a letter of confirmation and send the letter to me with this form.

- Incapacity Benefit (short-term or long-term)
- Employment and Support Allowance (ESA)
- 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
- The disability element of Working Tax Credit
- Unemployability Supplement (abolished in 1987 but existing claimants remain entitled)
- Constant Attendance Allowance payable under the Industrial Injuries or War Pensions schemes
- Unemployability Allowance payable under the Industrial Injuries or War Pensions schemes
- Income Support which includes a disability premium because of incapacity for work

We may be able to backdate any discount you are entitled to, so if you have ticked a benefit above please give the date it started:



Getting a doctor's certificate – The law says we must get a doctor's certificate to prove severe mental impairment. The doctor can be a GP, a consultant or another medically qualified person who knows about the impairment. We will contact the doctor direct.

Full name of the doctor or consultant:

Address of their surgery or the hospital where they work:

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Please sign here to give us permission to ask the doctor for a certificate to confirm severe mental impairment (*we will only use the certificate in relation to the SMI discount*):

Date: / /

Filling this form in for somebody else - If you are filling this form in for somebody else please tell us your name and address:

Your name:

Address:

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Your relationship to the person:

Declaration

As far as I know the information I have provided is correct.

Your signature:		Date:	
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Phone number you can be contacted on during the day:

Email address:

Preventing and detecting fraud. Manchester City Council must protect the public funds we deal with. We may use the information you have given on this form and share the information with other organisations that audit or handle public funds to help us prevent and detect fraud. **Find out more at** www.manchester.gov.uk/benefitfraud