

## Certificate of Severe Mental Impairment for possible Council Tax reduction

Part 1 - To be completed by the applicant or third party.

### **Applicant's details**

Council Tax reference number (from the bill):

Name of severely mentally impaired person:

Their address:

Their date of birth:

Part 2 – To be completed by a doctor or other health professional

**Please read this definition before completing EITHER Section 1 or Section 2 below and then sign, date and stamp the form:**

For Council Tax purposes 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 (Local Government Finance Act 1992/2003). This includes severely mentally impaired as a result of a degenerative brain disorder such as Alzheimer's disease, a stroke or other form of dementia.

### **Section 1**

1. In my opinion ..... is suffering from a severe mental impairment for the purposes of the Local Government Finance Act 1992. - Yes/No
2. I consider his/her condition to be permanent. – Yes/No
3. He/she has been severely mentally impaired since .....  
(please give the exact date DD.MM.YYYY).

### **Section 2**

In my opinion **is not suffering from** a severe mental impairment. Please tick if appropriate .

Doctor's/health professional's signature:.....Date:.....

Doctor's name (BLOCK LETTERS):.....

Surgery stamp:

The applicant should return this form to The Revenues and Benefits Unit. Please either:

- Upload it with your SMI discount application form at [www.manchester.gov.uk/SMI](http://www.manchester.gov.uk/SMI)
- Post it to The Revenues and Benefits Unit, Council Tax Service, PO Box 3, Manchester, M15 5BA.