

## Confirmation of Council Tax Status

### Severely Mentally Impaired Person Form

Parts A,B and C should be completed by, or on behalf of, the liable person. Part D should be completed by a registered medical practitioner. The form should then be returned to the City of Edinburgh Council at the address below.

#### Part A: Personal details of severely mentally impaired person

Full name and address:

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Contact details:

Home phone number	
Mobile phone number	
Email address	

Council Tax account number:

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The number of adults living in the property who are severely mentally impaired:

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The number of adults living in the property who are not severely mentally impaired:

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Which of these benefits is the person entitled to and when did they start? (please mark with X all that apply).

Benefit	Mark with X if you receive this benefit	Start Date
Armed forces independence payment		
Attendance allowance		
Care component of disability living allowance (payable at the high or middle rate)		
Daily living component of personal independence payment or adult disability payment		
Disability element of working tax credit		
Employment and support allowance		
Incapacity benefit		
Income support which includes the disability premium		
Increased rate in disablement pension (where constant attendance needed)		
Severe disablement allowance		
Unemployability supplement or allowance		
Universal Credit (including an element for limited capability for work or limited capability for work and work-related activity)		
The disability element of working tax credit		

Please enclose evidence of the benefit entitlement. For example, an award letter or letter of entitlement.

Part B: Details of person acting on behalf of severely mentally impaired person

Name and address of the person acting on behalf of the severely mentally impaired person:

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Contact details of the person acting on behalf of the severely mentally impaired person:

Home phone number	
Mobile phone number	
Email address	

Part C: Declaration

I declare that to the best of my knowledge, the information given on this form is true and correct. I understand that it is an offence to knowingly make a false declaration. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given.

If awarded a discount or exemption, I will inform you within 21 days of any change in my circumstances affecting the amount of Council Tax payable.

Signature:

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Date:

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Part D: Declaration by a doctor

Does the person detailed in part A, suffer from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent? Please enter yes or no in the box below.

Date from which, to your knowledge, the condition has existed:

I declare that to the best of my knowledge, the information given on this form is true and correct.

Signature:

Status:

Date:

Stamp of institution:

Please return this form and supporting evidence of benefit entitlement to:

Income and Benefits  
The City of Edinburgh Council  
PO Box 12331  
EH7 9DN

Alternatively, you can scan and email to [incomeandbenefits@edinburgh.gov.uk](mailto:incomeandbenefits@edinburgh.gov.uk).

### Notes

A person is deemed to be severely mentally impaired for Council Tax purposes if he, she, they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

You cannot be classed for Council Tax discounts or exemptions as severely mentally impaired unless a certificate to that effect is supplied by a registered medical practitioner.

Your discount or exemption will be granted from the earliest date both conditions are met, which is when your impairment exists and you receive a qualifying benefit.

Failure to complete and return this form could lead to the award of Council Tax discount being delayed or cancelled.