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COUNCIL TAX EXEMPTION APPLICATION - OCCUPIED PROPERTY - SMI (SUBJECT TO REVIEW)

In terms of schedules 2 and 11 of the Local Government Finance Act 1992, and the Council Tax (Exempt Dwellings) Scotland Order 1997 (as amended), a dwelling may be exempt from Council Tax (including the water and sewerage charges) where the **SOLE** occupier or **ALL** occupiers of a dwelling are 'severely mentally impaired'.

This is defined by legislation of the UK Parliament as someone who has "a severe impairment of intelligence AND social functioning (however caused) which appears to be permanent". This can include people who are severely mentally impaired as a result of:

- Degenerative brain disorder (e.g. Alzheimer's disease)
- A stroke
- Other forms of dementia
- Learning disability
- Severe or chronic mental illness

PROOF REQUIRED (In some instances additional proof may be requested):

- A registered medical practitioner must complete Section 2 of the attached form confirming the applicant's condition
- Documentary evidence confirming that the liable person is entitled to or is in receipt of one or more qualifying benefits

Please complete the attached form, sign the declaration and return it to this office together with the supporting evidence requested and the completed Section 2 of the form.

NOTE

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid on time, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.

**Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax
Please visit www.glasgow.gov.uk/ct to make appointments for our service.**

Check your Council Tax balance and manage your online account at www.glasgow.gov.uk/ct
Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

COUNCIL TAX EXEMPTION APPLICATION - OCCUPIED PROPERTY - SMI (SUBJECT TO REVIEW)

NAME OF APPLICANT
SUBJECT ADDRESS
COUNCIL TAX REFERENCE NUMBER

SECTION 1 – TO BE COMPLETED BY THE APPLICANT, REPRESENTATIVE OR AGENT

I, _____ (print name) apply for exemption from Council Tax due on the above property with effect from ____/____/____

The qualifying benefit(s) received by the liable person is/are (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Short Term Incapacity Benefit | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> The highest or middle rate of the care component of Disability Living Allowance |
| <input type="checkbox"/> Disabled Person's Tax Credit | <input type="checkbox"/> Unemployability Supplement |
| <input type="checkbox"/> The Daily Living component of Personal Independence Payment | <input type="checkbox"/> Armed Forces Independence Payment |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Unemployability Allowance |
| <input type="checkbox"/> Income Support where the applicable amount includes a disability premium | <input type="checkbox"/> Long Term Incapacity Benefit |
| <input type="checkbox"/> Employment and Support Allowance | <input type="checkbox"/> Universal Credit |

These benefit(s) has/have been payable since ____/____/____

I enclose evidence of the above e.g. a letter from the Department for Work and Pensions confirming entitlement to the benefit(s).

The number of adults (including the liable person) usually resident in the property is _____

Please note that payment of Council Tax should not be withheld pending the result of any Exemption/Discount application.

DECLARATION

I confirm that the information on this form is correct and authorise Glasgow City Council to check the details. If the property no longer meets the exemption requirements, I will notify The Council within 21 days. I understand that failure to do so is an offence, which may make me liable for a fine of £50 and £200 for each subsequent offence.

Signed _____

Date ____/____/____

Print Name Here _____

Relationship to applicant _____

Please supply daytime telephone number _____

COUNCIL TAX EXEMPTION APPLICATION - SMI

NAME OF LIABLE PERSON _____

SUBJECT ADDRESS _____

SECTION 2 – TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

I confirm that, in my opinion, the above named applicant suffers from a permanent severe impairment of intelligence and social functioning and this has existed since ____/____/____

Medical Practice Stamp

Doctor's Signature _____

Print Name _____

Date ____/____/____

Telephone Number _____

Note: This section must be submitted alongside Section 1 of the application.