



NORTH WARWICKSHIRE BOROUGH COUNCIL
THE COUNCIL HOUSE, SOUTH STREET,
ATHERSTONE, WARWICKSHIRE, CV9 1DE

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APPLICATION FORM FOR COUNCIL TAX DISCOUNT – SEVERELY MENTALLY IMPAIRED

This form constitutes an application under Regulation 14 of the Council Tax (Administration & Enforcement) regulations 1992 (SI 1992 No. 613).

Please read the declaration below then complete and sign the form, if appropriate, and return using the envelope provided. The authorisation form overleaf must be completed by the person to be disregarded, or the person having Power of Attorney over their affairs. You have advised that some or all of the residents of the address below are severely mentally impaired. In this case they may be disregarded for Council Tax Discount purposes and you, the liable person, may be entitled to discount or exemption from your Council Tax bill. If the details are verified and discount or exemption is awarded, a revised bill will be issued. In the meantime, bills previously issued must be regarded as correct and due for payment as requested.

Full Property Address :

How many people aged 18 or over (including yourself) live at the above address?

Name of person
to be disregarded :

Date of birth :

Type of pension / allowance received :
(please attach proof of entitlement)

Date on which entitlement to above
pension or allowance began :

National
Insurance No. :

DECLARATION:

I declare that the information given above is correct to the best of my knowledge. I verify that I am the person responsible for the above property and hereby claim any Council Tax discount or exemption available as a result of this application. I undertake to advise the Director of Finance within 21 days of any change in circumstances affecting my entitlement, or if responsibility for the property passes from me. I understand that it is a criminal offence to receive discount or exemption to which I am not entitled and I also understand that it is an offence to give false information. The latter could make me liable for a penalty of £50 for a first offence and £200 for each subsequent offence.

Signed :

Date:

Full Name :

Telephone - Day:
Evening:

e-mail:

AUTHORISATION TO CONSULT DOCTOR

PLEASE ENSURE THAT THE PERSON NAMED OVERLEAF TO BE DISREGARDED, OR THE PERSON WHO HAS POWER OF ATTORNEY OVER THEIR AFFAIRS, COMPLETES AND SIGNS THE SECTION BELOW, TO SHOW THEIR CONSENT TO ALLOW THEIR DOCTOR TO BE CONTACTED AND TO PROVIDE INFORMATION REGARDING THIS APPLICATION.

Name of person to be disregarded :

**Name, address and telephone number
of doctor of above person :**

I give permission for the doctor named above to supply information to North Warwickshire Borough Council in respect of an application for the person named above to be disregarded for Council Tax purposes on the grounds on severe mental impairment.

Signed :

Date :

Full name, if not person to be disregarded :