



SMI discount form

If there is more than one SMI person in the property please fill one form per person, you can photocopy this form.

Full Name of the severely mentally impaired person

Address

Council Tax Reference Number

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

Daytime phone number

From the list below, please tick which benefit they get or qualify for:

- Incapacity benefit (IB) (either short-term IB, long-term IB or long-term IB for widows and widowers)
- 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
- Disabled person's tax credit, but only if this is because of the prior receipt of IB or SDA or from 1 April 1997 income support which included a disability premium paid because of the claimant's
- Incapacity for work
- Unemployability supplement (this was abolished in 1987 but existing claimants remain entitled)
- Constant attendance allowance payable under the industrial injuries or war pension schemes
- Unemployability allowance payable under the industrial injuries or war pension scheme
- From 1 April 1994, income support which includes a disability premium because of the claimant's incapacity to work.

We may be able to backdate the claim. So please give the date the benefit started:

Please supply documentary evidence of the above entitlement.

If you qualify for any of these benefits, but do not claim them ask your local DSS for a letter that says you qualify for one of them. Return the letter with this form.

Getting a Doctor's Certificate

The law says we must get a Doctor's Certificate to prove severe mental impairment. This Doctor can be a GP, Consultant or another medically-qualified person who knows about the impairment.

Please give the name of the Doctor or consultant:

Address of the Surgery or hospital:

Date of birth of the severely mentally impaired person

Please sign to allow us to ask this doctor for a certificate

Sign

Date:

(the certificate will only be used for this discount)

If you are filling in this form for the severely mentally impaired person also tell us your name and address
What is your relationship to the severely mentally impaired person?

Declaration

I declare that the information provided is correct to the best of my knowledge

Your signature:

Date

Please provide your daytime phone number:

This form must NOT be sent direct to the applicant's doctor, the Council will do this for you.

Please return this form to: Council Tax, Trafford Council, PO Box 542, Sale, M33 0GD.

Doctors Certificate

To be completed by a registered medical practitioner

Please tick the appropriate box

I certify in my opinion that the applicant named above

Is

is not

Suffering from severe mental impairment for the purpose of the Local Government Finance Act 1992

Doctor's signature

Doctor's full name

Status

Date