



TREASURY SERVICES

Number One Market Street, Nelson, Lancashire, BB9 7LJ.

Telephone: (01282) 661818

Ask for: Council Tax

Email council.tax@pendle.gov.uk

Web: www.pendle.gov.uk

Name and address of council tax payer

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.....
.....
.....

Council Tax reference number

Severely Mentally Impaired

In order to claim the above discount / exemption, I should be obliged if you would provide me with the information requested below and return this completed letter to me at the address shown above.

Yours faithfully

Local Taxation Section

1) Does the person who is severely mentally impaired receive any of the following benefits?

- (i) Invalidity Pension / Incapacity Benefit
- (ii) Attendance Allowance
- (iii) Severe Disablement Allowance
- (iv) The care component of Disability Living Allowance at the highest or middle rate
- (v) Increased Disablement pension because of constant attendance
- (vi) Disability Working Allowance
- (vii) Unemployability Supplement
- (viii) Constant Attendance Allowance
- (ix) Unemployability Allowance
- (x) Income support where the applicable amount includes a disability premium
- (xi) Incapacity benefit

2) Please ask the person's doctor to complete the enclosed certificate and return it with this letter.

Signed

Telephone Number

BOROUGH OF PENDLE

Local Government Finance Act 1992

Application For Council Tax Discount
On The Grounds Of Severe Mental Impairment

Name of Applicant :

Address of Applicant :

I certify that in my opinion 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
In Block Capitals

Doctor's Status

Date

To the Doctor

Please return the principal copy of this form, to the Local Taxation Manager. A copy may be retained for the Doctor's records. The certificate will only be used for this application for exemption.