Midlothian

Confirmation of Council Tax Status

Severely Mentally Impaired

Section1: Applicant Details

(Person with severe mental impairment)

Question	Answer
Name of applicant	
Home address (inc. postcode) of applicant	
How many adults over 18 live in the applicant's home?	
What benefits are the applicant entitled to? (Include a copy as evidence)	

Benefits the applicant must be entitled to (only one required):

- Incapacity Benefit
- Employment Support Allowance
- Attendance Allowance
- Severe Disablement Allowance
- Increased rate of Disablement Pension for constant attendance
- Highest or middle rate care component of Disability Living Allowance (DLA)
- Standard or enhanced rate of Personal Independence Payment (PIP)
- Disabled Person's Tax Credit
- Unemployability Allowance
- Constant Attendance Allowance under the Personal Injuries (Civilians) Scheme or the Navel, Military and Air Forces etc. (Disablement & Death) Service Pension Order or an Unemployability Allowance under the Personal Injuries or Service Pension Legislation.
- Income Support which includes a disability premium
- Universal Credit that includes limited capability for work and work-related activity
- The standard or enhanced rate of Daily Living component of Adult Disability Payment (ADP)

Section2: Person completing the form

Please complete this section if completing on behalf of someone else. Please note that by signing this form you are taking personal responsibility to inform us, or ensure that the applicant informs us, of any changes in their circumstances within 21 days.

Question	Answer
Name	
Relationship to the applicant	
Legal basis for signing on behalf of applicant (e.g. Power of Attorney or Welfare guardian Include a copy as evidence) If you do not have legal powers we can still accept this application.	
Phone number	

Declaration

The information given on this form is true and correct. I understand that it is an offence to knowingly make a false statement. The penalties include prosecution for fraud. I understand that enquiries may be made to verify the information given. If the applicant is awarded a discount, I will inform you within 21 days of any change in circumstances affecting the amount of Council Tax payable.

Signature _____

Print name_____

Date_____

Section 3 – Registered medical practitioner details

Question	Answer
Name	
Job role	
Place of work	
GMC reference number	
Date from which, to your knowledge, the condition has existed	

Declaration

I certify that the applicant is suffering from a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Signature _____ Medical Practice Stamp

Date _____

Return the form to:
Midlothian Council, PO Box 12956, DALKEITH, EH22 1YB

General Data Protection Regulation GDPR - We are asking for this information in accordance with provisions of the Council Tax (Administration and Enforcement) (Scotland) Regulations 1992 and Data Protection Act 2018. We will use this information to help us determine your liability for and to collect your Council Tax. You can find more information on how your personal information is used at www.midlothian.gov.uk/privacy