**Council Tax**

**Application to be Disregarded (Severely Mentally Impaired)**

**Part A – Details of the applicant (the severely mentally impaired person)**

Account Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Property Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of all other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 adults resident:

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part B - To be completed by a registered medical practitioner**

Please confirm whether or not this individual meets each of the following criteria

They have a severe impairment of intelligence Yes\_\_\_\_ No\_\_\_\_

They have a severe impairment of social functioning Yes\_\_\_\_ No\_\_\_\_

Both of these appear to be permanent Yes\_\_\_\_ No\_\_\_\_

Note: If all three criteria are not met please do not complete this form any further

**I declare that the person named in Part A meets the above criteria and has done so**

**from \_\_\_\_\_\_\_\_\_\_\_\_\_ (please insert exact date).**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice/Hospital Stamp

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C – To be completed by, or on behalf, of the applicant**

**The applicant is entitled to the following benefit or allowance**

|  |  |
| --- | --- |
|  | Incapacity Benefit  |
|  | Employment Support Allowance  |
|  | Severe Disablement Allowance |
|  | Unemployment Supplement/Allowance paid with a war pension or industrial injuries |
|  | Constant Attendance Allowance paid with a war pension or industrial injuries |
|  | Disability Living Allowance Care at middle or high rate |
|  | Personal Independence Payment Daily Living Component  |
|  | Enhanced rate of the daily living component of Adult Disability Payment  |
|  | Attendance Allowance |
|  | Income support with the Disability Premium on incapacity grounds |
|  | Working Tax Credit that includes the Disability Element |
|  | Universal credit  |
|  | Is over state pension age and would have been entitled to one of the above benefits if under state pension age |

Date the above benefit or allowance started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must provide proof of your entitlement to the qualifying benefit or allowance to enable us to process your application.**

**I authorise the following person to act on my behalf**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you wish all future correspondence be issued to the above person? \_\_\_\_\_\_\_\_\_

**Declaration – To be completed by or on behalf of the applicant**

Ideclare that the information on this application is correct**.** I will notify you immediately

of any changes that might affect my Council Tax.

I understand that giving false information is an offence for which a penalty can be imposed and you may check the information with other sources as allowed by the law.

I understand that any information I have provided will be used in the administration of my Council Tax account. You may give information to other parties where the law allows this.

Signed: Date:

For further information or advice please contact:

Dumfries and Galloway Council, Enabling and Customer Services, Local Taxation Team, PO Box 9089, Dumfries, DG1 9EB

Telephone number 030 33 33 3005, Email Council.Tax@dumgal.gov.uk or visit our website  [www.dumgal.gov.uk/counciltax](http://www.dumgal.gov.uk/counciltax)

**Now hand this form into your nearest Council Customer Service Centre, post or email it using details the above details.**

The Data Controller of the personal information being collected and processed is **Dumfries and Galloway Council**. This privacy notice will inform you why we collect your personal data, how long we will keep your data, the intended processing of your data and any other information that will make the processing of your data fair, lawful and transparent. Should the Council intend to process your data for another reason, which is not specified in this notice, or for statutory functions; the Council will contact you to provide information.

**Dumfries and Galloway Council Contact Details:**

Address: Dumfries and Galloway Council, Council Headquarters, English Street, DG1 2DD

Email: contact@dumgal.gov.uk

Telephone: 0303 333 3000

**Data Protection Officer’s Contact Details:**

Address: Data Protection Officer, Dumfries and Galloway Council, Council Headquarters, English Street, DG1 2DD

Email: dataprotection@dumgal.gov.uk

Telephone: 01387 260315

Dumfries and Galloway Council are collecting your data to allow us to administer and collect Council Tax.

The Council need to collect your name, your address and the names of any other adult residents of your address.

The legal basis for collecting your data is that we have a legal obligation under the Local Government Finance Act 1992 to administer and collect Council Tax. As the data we collect is a statutory requirement, if you do not provide your personal details your liability for Council Tax may be incorrect.

The Council may, based on your circumstances, collect data concerning your health. This allows us to assess disregards and/or reductions to which you may be entitled. The legal basis for processing this data is that it is necessary for reasons of substantial public interest as we have a duty to protect public funds and ensure disregards/reductions are applied correctly.

Your information may be sharedinternally with other Council Departments, externallywith other local authorities, externally with organisations responsible for auditing the Council, externally with Credit Reference Agencies, externally with the Department for Work and Pensions. We share this information to allow us to ensure your liability for Council Tax is correct and to enable collection of Council Tax. Your data will be stored in accordance with Council Tax recovery procedures, and for a minimum of 7 years.To keep your data secure, it will be held on a password-protected network; with access restricted to staff that have a business need to access your data.

You have the:

* Right to be informed
* Right to access
* Right not to be subject to automated individual decision-making, including profiling
* Right to object or restrict processing
* Right to data portability
* Rights to correction and deletion

You have a responsibility to contact Dumfries and Galloway Council to update your information if it changes.

Should you wish to lodge a complaint, provided are the details of the supervisory authority; the Information Commissioner’s Office (ICO):

Address: Information Commissioner’s Officer, Wycliffe House, Water Lane. Wilmslow, Cheshire

Telephone: 0303 123 1113