

Use this form to apply for an SMI discount

Please complete and return to:
Council Tax Office, Unity Partnership,
PO Box 4, Civic Centre, West Street,
Oldham, OL1 1UH.

Telephone Enquiries: 0161 770 6622
Email: council.tax@oldham.gov.uk
Date:

A person is severely mentally impaired if he has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

If there is more than one person in the property suffering from a severe mental impairment please fill one form per person.

Full name of the severely
mentally impaired person

Address

Account Reference

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

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

Short-term or long-term Incapacity Benefit

Employment Support Allowance (ESA)

Attendance Allowance (AA)

Severe Disablement Allowance (SDA)

Care component of Disability Living Allowance, paid at the higher or middle rate (DLA)

Daily living component of Personal Independence Payment (PIP)

An increase in Disablement Pension for constant attendance

The disability element of Working Tax Credit

Unemployability allowance or supplement

Constant Attendance Allowance payable under the industrial injuries or war pension schemes

Armed Forces Independent Payment

Income Support which includes a disability premium because of incapacity

The 'limited capability for work' or 'the limited capability for work related elements' of Universal Credit

Please provide a letter from the DWP confirming your entitlement and the effective date.

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.

We will contact the doctor direct on your behalf.

Please give the name of
the Doctor/ Consultant

Address of the Surgery/
Hospital

Date of birth of the severely mentally impaired person

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

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

Signature

Date

Please provide a daytime contact number