



**Revenues**  
**White Cliffs Business Park**  
**Dover**  
**Kent CT16 3PF**

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**LOCAL GOVERNMENT FINANCE ACT 1992**  
**Application for Exemption from Council Tax (Class U)**  
**On the grounds that all occupants suffer from Severe Mental Impairment**

Council Tax Reference Number .....

Applicant's Name .....

Applicant's Address .....

.....

.....

Name of the occupant(s) on behalf of whom application is made

.....

.....

.....

Please complete the section below, and return the form to The Council Offices,  
Dover District Council, White Cliffs Business Park, Dover, Kent CT16 3PF, along with the appropriate  
evidence (such as a letter from the Department of Social Security) of entitlement to benefit (see below)

**Declaration on benefit conditions**

**I declare that the above named person(s) :**

(please select the appropriate box(es))

- |  |                          |
|--|--------------------------|
| Is entitled to invalidity pension  | <input type="checkbox"/> |
| Is entitled to severe disablement allowance  | <input type="checkbox"/> |
| Is entitled to an unemployment allowance   | <input type="checkbox"/> |
| Is entitled to attendance allowance  | <input type="checkbox"/> |
| Is entitled to constant attendance allowance   | <input type="checkbox"/> |
| Is entitled to the care component of a disability living allowance payable at the highest or middle rate | <input type="checkbox"/> |
| Is in receipt of increase in rate of disablement pension where constant attendance is need               | <input type="checkbox"/> |
| Is in receipt of Disability Working Allowance  | <input type="checkbox"/> |

Is in receipt of Income Support where the applicable amount includes a disability premium

Is entitled to incapacity benefit

Is a partner of a jobseeker whose jobseeker's allowance is increased on the grounds that the above named has an incapacity to work

I enclose evidence of the above entitlements

Number of people aged 18 or over resident in the property .....

Signed .....

Dated .....

The doctor of the person on behalf of whom application is made should complete the attached certificate.

***You have a legal obligation to notify Dover District Council within 21 days if you are no longer, or never were eligible for a discount, once you have been notified of the assumption of entitlement. Failure to do so may result in a £50.00 penalty.***

A dwelling is exempt if it is occupied only:

- (a) by one or more severely mentally impaired persons where , but for this provision, either they or a 'relevant person' would be liable to pay the tax
- (b) by one or more mentally impaired persons, together with one or more relevant persons

(Relevant persons are defined as students, school or college leavers and certain spouse or dependants of students)

This exemption does not apply in those cases where liability falls on a non-resident owner, such as in the case of residential homes.



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**CERTIFICATE**

To be completed by a Medical Practitioner

Full name of the person on behalf of whom application is made

.....

***For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he/she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent***

In my opinion, the person named above is severely mentally impaired and has been so from:

.....

Doctor's signature .....

Doctor's Full Name .....

Surgery Address .....

.....

.....

Doctor's Status (GP etc.) .....

Date .....

To the Doctor Please return this certificate to the applicant for inclusion with application form