



Certificate of Severe Mental Impairment for possible Council Tax reduction

Part 1 – to be completed by the applicant or third party:

<p>Council Tax reference number:</p> <p><i>(this can be found on the front of your council tax bill and begins with an 8 or 9)</i></p> <p>Name of severely mentally impaired person:</p> <p>Their address:</p> <p>Their date of birth:</p> <p>Telephone number:</p> <p>Email Address:</p>

Part 2 – to be completed by the applicant’s doctor or other registered medical practitioner:

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

Please complete **EITHER** Section 1 or 2 then sign, date and stamp the form:

Section 1

- In my opinion.....is suffering from a severe mental impairment for the purposes of the Local Government Finance Act 1992. – YES / NO
- I consider his/her/their condition to be permanent. – YES / NO
- He/she/they has been severely mentally impaired since:/...../.....
(please give the exact date DD/MM/YYYY).

Section 2

- In my opinion..... is not suffering from a severe mental impairment.

Certified by:

Doctor's/medical practitioner' s signature:

Doctor's/medical practitioner's name:

Date:

Surgery stamp:

The applicant should return this form to Coventry City Council. Please either:

- Upload it with your online SMI discount application form at: www.coventry.gov.uk/counciltax
- Post it to: Council Tax, PO Box 7097, Coventry, CV6 9SL