



Executive Director of Finance
Martin Booth
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If Visiting:-
45 John Street
Glasgow
G1 1JE

Postal Address:-
Financial Services
PO Box 36
Glasgow G1 1JE

Office Opening Hours:- Monday
to Friday 9.00am - 5.00pm

COUNCIL TAX EXEMPTION APPLICATION - SMI

The council tax due on a property may be reduced to reflect the personal circumstances of the adult residents. Adults who meet the appropriate qualifying conditions will be disregarded for council tax purposes.

This is defined by legislation of the UK Parliament as someone who has "a severe impairment of intelligence and social functioning (however caused) which appears to be permanent". This can include people who are severely mentally impaired as a result of:

- Degenerative brain disorder (e.g. Alzheimer's disease)
- A stroke
- Other forms of dementia
- Learning disability
- Severe or chronic mental illness

PROOF REQUIRED (In some instances additional proof may be requested):

- A registered medical practitioner must complete Section 2 of the attached form confirming that the applicants condition
- Documentary evidence confirming that the liable person is entitled to or is in receipt of one or more of the qualifying benefits listed overleaf

Please complete the attached form, sign the declaration and return it to this office together with the supporting evidence requested and the completed Section 2 of the form.

NOTE

The Council is under an obligation to manage public funds properly. Accordingly information that you provide will be used to ensure all sums due to the Council are paid timeously, e.g. by identifying persons who are non-payers of Council Tax and to improve uptake of benefits. The information may also be used to prevent and detect fraud. It is also possible that this information may be shared for the same purposes with public bodies, including neighbouring Councils or other organisations, which handle public funds.

We aim to respond to enquiries within 20 days. Please allow us this time to update our records

Visit our Council Tax website to make an online payment, manage your account or check your balance: www.glasgow.gov.uk/ct

You must tell us of any changes that may affect your Council Tax bill. Help us keep your bill right by telling us straight away.

Glasgow City Council will never telephone you asking for your bank details to refund your Council Tax

Log on to www.glasgow.gov.uk/privacy to find out how we will use your information

COUNCIL TAX EXEMPTION APPLICATION - SMI

NAME OF LIABLE PERSON: _____

SUBJECT ADDRESS: _____

SECTION 1 – TO BE COMPLETED BY THE APPLICANT, REPRESENTATIVE OR AGENT

I, (print name) _____ apply for exemption from Council Tax due on the above property with effect from ___/___/___

The qualifying benefit(s) received by the liable person is/are (Please tick)

- | | |
|---|--|
| <input type="checkbox"/> Short Term Incapacity Benefit | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Severe Disablement Allowance | <input type="checkbox"/> The highest or middle rate of the care component of Disability Living Allowance |
| <input type="checkbox"/> Disabled Person's Tax Credit | <input type="checkbox"/> Unemployability Supplement |
| <input type="checkbox"/> The Daily Living component of Personal Independence Payment | <input type="checkbox"/> Armed Forces Independence Payment |
| <input type="checkbox"/> Constant Attendance Allowance | <input type="checkbox"/> Unemployability Allowance |
| <input type="checkbox"/> Income Support where the applicable amount includes a disability premium | <input type="checkbox"/> Long Term Incapacity Benefit |
| <input type="checkbox"/> Employment and Support Allowance | <input type="checkbox"/> Universal Credit |

These benefit(s) has/have been payable since _____

I enclose evidence of the above e.g. a letter from the Department for Work and Pensions confirming entitlement to the benefit(s).

The number of adults (including the liable person) usually resident in the property is

Please note that payment of Council Tax should not be withheld pending the result of any Exemption/Discount application.

DECLARATION
I confirm that the information on this form is correct and authorise Glasgow City Council to check the details. If the property no longer meets the exemption requirements, I will notify The Council within 21 days. I understand that failure to do so is an offence, which may make me liable for a fine of £50 and £200 for each subsequent offence.

Signed _____ Date ___/___/___

Print Name Here _____

Relationship to applicant _____

Please supply daytime telephone number _____

COUNCIL TAX EXEMPTION APPLICATION - SMI

NAME OF LIABLE PERSON: _____

SUBJECT ADDRESS: _____

SECTION 2 – TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

I confirm that, in my opinion, the above named applicant suffers from **a permanent severe impairment of intelligence and social functioning** and this has existed since ____/____/____

Medical Practice Stamp

Doctor's Signature _____

Print Name _____

Date ____/____/____

Telephone number _____

Note: This section must be submitted alongside Section 1 of the application.

Please return your completed form to:

Glasgow City Council
PO Box 36
Glasgow G1 1JE