

Customer Services

Applicants Name _____
(person who may be disregarded)
Address _____

Is the Applicant of Pensionable age?
Yes No (Please tick ✓)

PART 1

On the behalf of the applicant please **complete sections A and B** and return the form to the address above. **Please enclose evidence of entitlement to benefit.** Confirmation will then be sought from the Applicants doctor of the medical condition. The form **should not** be sent direct to the doctor.

A: Declaration of Benefit Entitlement

I declare that the applicant is entitled to (please tick appropriate box ✓)

- incapacity benefit.
- attendance allowance.
- severe disablement allowance.
- care component of disability living allowance paid at either the highest or middle rate.
- an increase in the rate of disablement pension.
- disability working allowance.
- unemployability supplement.
- constant attendance allowance.
- unemployability allowance.
- income support where the applicable amount includes a disability premium.

Please enclose evidence of the entitlement. E.g. a letter of entitlement or a photocopy of the payment book.

Please note: Council Tax data may be used for data matching purposes for the detection of fraud

Name and address of person acting on applicants behalf _____

Signed _____
Date _____

B: Authorisation of Council Tax Officer

I authorise you to seek on the applicant's behalf the certificate* set out in part 2 from the following medical practitioner.

Dr's Name _____
Surgery/Hospital address _____

PART 2: to be completed by Medical Practitioner.

Surgery / Hospital address (if different from above) _____

I certify that the applicant named in part 1 is is not (Please tick ✓) suffering from an enduring mental illness for the purposes of the Local Government Finance Act 1992.

Signed _____
Date _____
Full Name of Dr (capitals) _____

Status of Dr _____

*the certificate is used only for Council Tax Disregard purposes.