



Cyngor Sir  
**CEREDIGION**  
County Council

## **Council Tax Exemption/Discount: Significant Cognitive Impairment**

Anyone who is medically certified as having a Significant Cognitive Impairment (SCI) may be eligible for a Council Tax exemption or discount. A person is subject to a SCI if they have a severe and permanent mental condition or neurological change that impacts on the brain's ability to function and has a significant impact on that individual's daily life.

Conditions that can lead to a SCI or mental ill health include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. Having one of these conditions does not in itself mean that a person will be diagnosed as having a SCI by a doctor. To be eligible for the exemption/discount, the person must be diagnosed as having a SCI by a doctor and must also be entitled to one of the benefits listed on this form.

Council Tax Exemption/Discount:

- If you have been diagnosed as having a SCI by a doctor and you are living alone or only with others who have a SCI, you will be exempt from paying Council Tax.
- If you have been diagnosed as having a SCI by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% discount.
- If you have been diagnosed as having a SCI by a doctor and you live with 2 or more adults who are eligible to pay council tax, there will be no discount

## **Application Form for Exemption/Discount**

### **PART A: Personal information**

Full name of person applying to be disregarded:

National Insurance Number:

Date of Birth:

Address including Post Code:

Telephone Number:

Email:

Total number of adults (**residents over the age of 18**) living at this address:

**PART B: Declaration of benefit entitlement**

A council tax exemption or disregard for SCI applies only if you are diagnosed as having a SCI by a doctor and entitled to one of the benefits listed below.

**If you are receiving or entitled to any of the benefits listed below, please provide evidence, such as a copy of the award letter or payment document.**

Please tick the relevant box(es):	When were the benefit(s) applicable from? (DD / MM / YYY)		
<input type="checkbox"/> Attendance Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Severe Disablement Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Disability Living Allowance (higher or middle rate care component)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> An increase in disablement pension (as constant attendance is needed)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Income Support (which includes a disability premium)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Unemployability Supplement or Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Constant Attendance Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Personal Independence Payment Standard or Enhanced Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Armed Forces Independence Payment	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Universal Credit (in circumstances where a person has limited capability for work and/or work- related activity)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue in **Part E** if needed

**Part C: Doctor or Medical Practitioner's declaration**  
(to be completed by the Doctor/Medical Practitioner)

Name of doctor/medical practitioner:

Contact details of surgery/hospital  
Address:

Postcode:

Telephone No:

A person is subject to a significant cognitive impairment if they have a severe and permanent mental condition or neurological change that impacts on the brain's ability to function and has a significant impact on that individual's daily life. (*The Council Tax (Discounts, Disregards and Exemptions) (Wales) Regulations 2026*).

I can confirm the person named in **PART A** has a SCI as defined above (Please tick box)

Yes

No

A Council Tax exemption/discount may be backdated to the point of diagnosis. For the purposes of this form, please enter the first point at which you would consider the patient to have a SCI.

Date of diagnosis:

Doctor's signature:

Date:

Official Stamp:

**Note: GPs should not charge for the diagnosis and/or completion of this form. British Medical Association, The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4).**

## Part D: Applicant's declaration

I accept responsibility for the information given in this form and declare that it is true and accurate to the best of my knowledge and belief. I authorise the council to make any enquiries it considers necessary to verify the details of this claim.

Applicant's signature:

Date:

If you are completing the form on behalf of the applicant, what is their relationship to you?

Name of person action on applicant's behalf:

Address of person acting on applicant's behalf:

Postcode:

Telephone No:

Email:

Signature of person acting on applicant's behalf:

Date:

Your application will be processed in accordance with the General Data Protection Regulation (GDPR) 2018. To view further information about GDPR, please visit the Council's website at:

<http://www.ceredigion.gov.uk/your-council/data-protection-freedom-of-information/data-protection/privacy-notice/>

to view the Privacy Notice. You should also notify the Council of any change in circumstances.

When you have completed this form and it has been signed by a medical practitioner, please post to:

Council Tax Department  
Ceredigion County Council  
Neuadd Cyngor Ceredigion  
Penmorfa  
Aberaeron  
Ceredigion SA46 OPA

Or you can email to: [revenues@ceredigion.gov.uk](mailto:revenues@ceredigion.gov.uk)

If you have any queries when completing the form, please phone: 01970 633253.

**Part E: Further Information**

Please provide any additional information in support of your application.