

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:

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Date of Birth:

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Address:

Postcode:

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 benefits(s) applicable from?

<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disability Living Allowance (higher or middle rate care component)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	An increase in disablement pension (as constant attendance is needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Unemployability Supplement or Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Working Tax Credit (with disability element or severe disability element)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal Independence Payment (Standard or enhanced rate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Armed Forces Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Constant Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Income support (which includes a disability premium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Universal Credit (in circumstances where a person has limited capability for work and/or work related activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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Contact details of surgery/hospital

Address:

Postcode: Telephone number:	Email:
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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

<input type="checkbox"/>	<input type="checkbox"/>
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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:

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Doctor's signature:

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Date:

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Official Stamp:

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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 E: Further Information

Please provide any additional information in support of your application.

[Empty box for providing further information]

This form has been designed by the Welsh Government and WLGA for use by all local authorities in Wales.

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