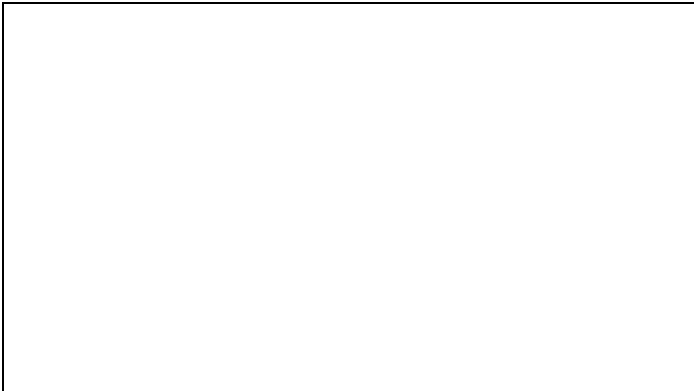


☎ (01286) 682700

✉ [TrethCyngor@gwynedd.llyw.cymru](mailto:TrethCyngor@gwynedd.llyw.cymru) /

✉ [CouncilTax@gwynedd.llyw.cymru](mailto:CouncilTax@gwynedd.llyw.cymru)



Annwyl trethdalwr / Dear taxpayer,

**Par Rhif Treth Cyngor / Re Council Tax Number :** \_\_\_\_\_.

Atodaf ffurflen gais am ostyngiad o Dreth Cyngor ar gyfer pobol sydd ag anabledd dysgu difrifol a / neu anhwylder iechyd meddwl.

Dylid cwblhau'r ffurflen hon a mynd a hi ynghyd a thystiolaeth o hawl i fudd-daliadau at feddyg yr ymgeisydd. Yn y rhan fwyaf o achosion bydd y meddyg yn gyfarwydd ag amgylchiadau meddygol yr ymgeisydd ac efallai na fydd angen ei weld/gweld cyn cwblhau'r dystysgrif.

Pan fydd y ffurflen wedi ei chwblhau, plis sicrhewch wedyn ei bod wedi ei llofnodi a'i dychwelyd genych i:

**Gwasanaeth Trethi, Swyddfeydd y Cyngor, Caernarfon, LL55 1SH**

gan gynnwys Rhan C wedi cwblhau gan feddyg neu ymarferydd meddygol a hefyd dystiolaeth berthnasol o unrhyw fudd-dal a dderbynnir.

I attach an application form for a Council Tax discount for people with severe learning difficulties and / or mental health disorder.

You should complete this form and send it with any evidence of entitlement to benefits to the applicant's doctor. In most cases, the doctor will be familiar with the applicant's medical history and may not need to see him/her before completing the certificate.

When the form has been completed please ensure then that it is signed and returned by you to:

**Taxation Service, Council Offices, Caernarfon, LL55 1SH**

including Part C signed by a Doctor or Medical Practitioner together with evidence of any applicable benefit received.

Yn gywir / Yours sincerely,

Rheolwr Trethi / Taxation Manager

# Ffurflen Gais am Ostyngiad o Dreth Cyngor ar Gyfer Pobol sydd ag Anabledd Dysgu Difrifol a / neu Anhwylder Iechyd Meddwl

# Application form for a Council Tax Discount for People with Severe Learning Difficulties and / or Mental Health Disorder

Nodyn i'r ymgeisydd neu berson sydd yn cynorthwyo'r ymgeisydd

Dylid cwblhau'r ffurflen hon a mynd a hi ynghyd a thystiolaeth o hawl i fudd-daliadau at feddyg yr ymgeisydd. Yn y rhan fwyaf o achosion bydd y meddyg yn gyfarwydd ag amgylchiadau meddygol yr ymgeisydd ac efallai na fydd angen ei weld/gweld cyn cwblhau'r dystysgrif.

Gallai unrhyw un sydd wedi cael ardystiad meddygol fod ganddo ANABLEDDAU DYSGU DIFRIFOL A/ NEU ANHWYLLER IECHYD MEDDWL (ADD) fod yn gymwys am ddisgownt Treth Cyngor. Mae hyn yn golygu bod gan y person gyflwr parhaol sy'n effeithio'n ddifrifol ar ei weithrediad deallusol neu gymdeithasol.

Ymhlith y cyflyrau sy'n gallu arwain at anhwylder iechyd meddwl mae clefyd Alzheimer a mathau eraill o ddementia, clefyd Parkinson, anawsterau dysgu difrifol neu strôc, ond gall sawl un arall fod yn berthnasol hefyd. I fod yn gymwys, rhaid i'r person gael diagnosis o ADD gan feddyg a rhaid iddo fod â hawl hefyd i un o'r budd-daliadau a restrir yn y ffurflen hon (boed yn derbyn y budd-dal ai peidio).

## Lefel y disgownt:

Os ydych wedi cael diagnosis o ADD gan feddyg, ac yn byw ar eich pen eich hun neu dim ond gyda phobl eraill sydd â ADD, byddwch yn cael eich eithrio 100% rhag talu'r Dreth Cyngor.

Os ydych wedi cael diagnosis o ADD gan feddyg, ac yn byw gydag un oedolyn sy'n gymwys i dalu Treth Cyngor, bydd eich cartref yn cael gostyngiad o 25%.

Os ydych wedi cael diagnosis o ADD gan feddyg, ac yn byw gyda 2 neu ragor o oedolion, ni fydd unrhyw ostyngiad 0%.

Note for the applicant or person assisting the applicant

You should complete this form and take it with any evidence of entitlement to benefits to the applicant's doctor. In most cases, the doctor will be familiar with the applicant's medical history and may not need to see him/her before completing the certificate.

Anyone who is medically confirmed as having SEVERE LEARNING DIFFICULTIES AND / OR MENTAL HEALTH DISORDER (SLD) may be eligible to receive a Council Tax discount. This means that the person will have a permanent condition that severely affects their intellectual and social functioning.

Conditions that can lead to mental health disorder include Alzheimer's disease and other forms of dementia, Parkinson's disease, severe learning difficulties or a stroke, but many others may apply. To be eligible, the person must be diagnosed as SLD by a doctor and must also be entitled to one of the benefits listed on this form (whether receiving them or not).

## Level of reduction:

If a doctor has diagnosed you as having SLD and you are living alone or only with others who are SLD, you will be exempt 100% from paying Council Tax.

If you have been diagnosed as SLD by a doctor and you live with one adult who is eligible to pay council tax, your household will receive a 25% reduction.

If you have been diagnosed as SLD by a doctor and you live with 2 or more adults who are eligible to pay council tax there will be no reduction 0%.

<b>Rhan A : Gwybodaeth personol</b>	<b>Part A : Personal information</b>
Enw llawn y person sydd yn gwneud y cais i gael ei ddiystyru:	Full name of the person applying to be disregarded:
Cyfeiriad yr ymgeisydd:	Applicant's address:
Nifer o oedolion (preswylwyr dros 18) sy'n byw yn y cyfeiriad yma:	Total number of adults (residents over the age of 18) living at this address:
Rhif ffôn a chyfeiriad e-bost	Phone number and email address
Dyddiad Geni / Rhif Yswiriant Gwladol	Date of Birth / National Insurance Number

Enw llawn y person sydd gweithredu ar ran yr ymgeisydd:	Full name of the person acting on the applicants behalf:
Cyfeiriad cyswllt:	Contact address:
Rhif ffôn a chyfeiriad e-bost	Phone number and email address
Perthynas gyda'r ymgeisydd?	Relationship to the applicant?

Llofnod:	Signature:
Dyddiad llofnodi	Date of Signature

## Rhan B : Datgan hawl i fudd-dal

Caiff person ei eithrio neu ei ddiystyru ar sail ADD dim ond os oes ganddo hawl i un o'r budd-daliadau a ganlyn (boed yn derbyn y budd-dal ai peidio).

Os ydych yn derbyn un o'r budd-daliadau isod, neu os oes gennych hawl i un ohonynt, rhwch dystiolaeth, megis copi o'r llythyr dyfarnu neu ddogfen dalu

## Part B : Declaration of benefit entitlement

A person may only be exempt or disregarded on the grounds of being SLD if they are entitled to one of the following benefits (whether receiving them or not)

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

Budd-dal	Ticiwch isod os yn derbyn / Tick below if in receipt	Dyddiad cychwyn/ Start Date	Benefit
Budd dal Analluogrwydd			Incapacity Benefit
Lwfans			Attendance Allowance
Lwfans Anabledd Difrifol			Severe Disablement Allowance
Lwfans Byw i'r Anabl (cydran gofal cyfradd uwch neu ganol)			Disability Living Allowance (higher or middle rate care component)
Cynnydd mewn pensiwn anabledd (gan fod angen gweini cyson)			An increase in disablement pension (as constant attendance is
Lwfans Gweithio i'r Anabl			Disability Working Allowance
Cymhorthdal Incwm (sy'n cynnwys premiwm anabledd)			Income Support (which includes a disability premium)
Taliad atodol Lwfans Cyflogadwyedd			Employment Supplement or Allowance
Lwfans Gweini Cyson			Constant Attendance Allowance
Taliad Annibyniaeth Bersonol			Personal Independence Payment
Taliad Annibyniaeth y Lluoedd Arfog			Armed Forces Independence Payment
Credyd Cynhwysol (pan fo person a gallu cyfyngedig i weithio a/neu i wneud gweithgaredd cysylltiedig â gwaith)			Universal Credit (where a person has limited capability for work and/or work related activity)

## Rhan C : Datganiad Meddyg neu Ymarferydd Meddygol

Mae'r dystysgrif yma at ddefnydd pan benderfynir os yw'r person a enwir yn dioddef ag anabledau dysgu difrifol a / neu anhwylder iechyd meddwl at bwrpas Treth Cyngor.

Gofynnir i chi ardystio fod y person a enwir wedi bod yn dioddef o gyflwr perthnasol ac mae hawl gan y person i un o'r budd daliadau a restrir yn RHAN B y ffurflen yma.

## Part C : Doctor or Medical Practitioner's Declaration

This certificate is for use in deciding whether the person named below has severe learning difficulties and / or mental health disorder for Council Tax purposes.

You are requested to certify that the named person has been experiencing a qualifying condition and is entitled to one of the benefits listed in PART B of this form.

Enw Llawn yr Ymgeisydd:

Applicant's full name:

Dyddiad y Diagnosis

Date of Diagnosis:

Manylion cyswllt, cyfeiriad meddygfa / ysbyty:

Contact Details, surgery / hospital:

Rhif ffôn:

Phone Number:

Enw'r meddyg / ymarferydd meddygol:

Name of doctor / medical practitioner:

Llofnod:

Signature:

Stamp Swydddogol:

Official Stamp:

Gwerthfawrogir eich cymorth plŷs nodwch **ni** ddylai ffi gael ei godi am ddiagnosis na am lenwi'r ffurflen yma. (Cymdeithas Feddygol Prydain - Rheoliadau Gwasanaeth Iechyd Gwladol (Contractau Gwasanaethau Meddygol Cyffredinol) 2004 (Rheoliadau 21(1) ac Atodlen 4))

Your assistance is appreciated; please note a fee should **not** be charged for a diagnosis or for the completion of this form. (British Medical Association - The National Health Service (General Medical Services Contracts) Regulations 2004 (Regulation 21(1) and Schedule 4))