



Civic Centre  
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Please ask for: Revenues Section  
E-mail: customerservices@carlisle.gov.uk

CTAX Ref:

**Council Tax - Application for Disabled Relief - Suspense Account, Suspense Street.**

The applicant must be the person who is liable to pay the Council Tax. This may or may not be the disabled person.

**Part A - Details of Disabled Person:**

Full name: ..... Tel no: .....

Address: .....

The disabled/blind person must live in the property for which the reduction is sought.

Full name of disabled person: .....

Date Claiming Relief from: .....

Is the disabled person substantially and permanently disabled?  Yes  No

Please give a brief description of the disability:  
.....

Name and address of doctor and/or social worker:  
.....

**Part B - Details of Property:**

Please note - the property MUST contain at least one of these three features.

Which of the three features applies to the property?

- 1. An additional bathroom or kitchen which is required for meeting the needs of the disabled person?  Yes  No
- 2. Sufficient floor space to allow the use of a wheelchair which is needed indoors by a disabled person?  Yes  No
- 3. A room other than a bathroom, kitchen or toilet which is predominantly used for the treatment or care of the disabled person because of the nature or extent of the disability?  Yes  No

If you have said yes to question 3 above, please give a brief description of the room used and its purpose:

.....  
.....  
.....

**Part C - Declaration:**

I declare that the information given in support of this application is true to the best of my knowledge. Should the application prove successful, I will inform the Council immediately if I believe that I am no longer entitled to the reduction. I authorise any enquiry which may be necessary to verify the information provided. Please return this form to address shown.

Signature of Applicant: ..... Date: .....

Would you like to receive future bills by e-mail?  Yes  No

If yes, please give your e-mail address .....