

Additional Bedroom Allowance Application Form



Please refer to guidance notes for further information and details of the evidence required to support this application.

Full name: Partner's full name:

Your Address:

Housing Benefit Reference No Tel No:

How many bedrooms are in your home?

Overnight Carer

Who receives overnight care? You Your partner

How regularly is overnight care received?

Who provides the overnight care? Is it an individual? An organisation?

From which date did you or your partner start to receive overnight care?

I am and/or my partner is in receipt of Disability Living Allowance care component at the middle or high rate and/or Attendance Allowance.

If you are not in receipt of the Care Component of Disability Living Allowance (middle or high rate) or Attendance Allowance, please provide reasons why you require overnight care. This is essential to allow us to make a decision. (continue on separate sheet if required)

Name and address of carer / organisation providing the care: (continue on separate sheet if required)

Name	Address

Foster Carer

I am currently providing Foster Care/Kinship Care

I have been approved as a Foster Carer/Kinship Carer and I am awaiting my first placement

I am currently in between placements

Please provide the name/s of the child/ren in your care and the date they came to live with you. If you have recently been approved as a foster carer/kinship carer or are in between placements, provide the date you were approved as a foster carer or the date the last placement ended.

Children Unable to Share a Room

My children are unable to share a bedroom due to a disability

My child is in receipt of Disability Living Allowance

Please provide details of the nature of the disability and the frequency of care required during the night. What is the extent and regularity of the disturbance of sleep to the other child?

Parents of Armed Forces Personnel

My non-dependant son or daughter is serving in the armed forces and is currently deployed on operations, they intend to return to live in the family home.

Please provide the name of your son or daughter, the date they were deployed and the date they are expected to return.

Please read this declaration carefully before you sign and date it. You must complete this section before sending it to us. WARNING: It is an offence to give false information.

I declare that the above information is accurate. You may make any enquiries to check this information. I understand that any payments made to me as a result of misleading statements deliberately given on the above will be recovered in full and that I may be liable for legal action.

Signature	Date