



Sefton Metropolitan
Borough Council

PO Box 21, Bootle, Merseyside, L20 3US

www.sefton.gov.uk

Enquiry Telephone No: 0345 140 0845

Minicom No: 0151 934 4327

Telephone Payment Line: 0151 934 4697

Housing Benefit: Application for an Extra Room Allowance for a Disabled Couple

This form should be completed by a person who cannot share a bedroom with their partner due to a disability they have or their partner has.

Please read the guidance notes at the end of this form.

Case Reference: _____

Claimants Name: _____

Address: _____

About the person who has the disability or condition

Name of disabled person: _____ Their D.O.B: _____

What date do you wish to apply for the additional room allowance from: _____

What is the name of their disability or diagnosis / condition: _____

What is the date of diagnosis (if applicable): _____

Please give details of how the disability or condition affects them overnight, including reasons why it would be unreasonable for them to share a bedroom with their partner.

Does the disabled person receive any of the following benefits?

Attendance Allowance	Yes / No
The Care Component of Disability Living Allowance <small>(payable at the middle or highest rate)</small>	Yes / No
The Daily Living Component of Personal Independence Payment	Yes / No
The Armed Forces Independent Payment	Yes / No

Who is the main carer for the disabled person? _____

What is their relationship to the disabled person? _____

Please give details of any specific equipment that the disabled person requires in their bedroom overnight as a result of their disability or condition

Please give details of the nature of the care, support or supervision that the disabled person receives overnight

Are any of the bedrooms in your home large enough to reasonably fit two single beds? Yes / No

If you feel that it is not reasonable to expect you and your partner to sleep in single beds in the same bedroom, please give your reasons for this

Please provide any additional information you feel is relevant in support of your application in the space below

If you do not have enough space on this form and are attaching additional sheets of paper, please state how many additional sheets you have attached with this application: _____

Declaration (to be signed by the claimant)

- The information I have provided in this form is correct and accurate to the best of my knowledge
- I understand that a visit to my property may be required to determine the correct level of Housing Benefit I am entitled to

Signed: _____

Date: _____

Print name: _____

Daytime telephone number: _____

If this form has been filled in by someone else, on the claimant's behalf, please complete the following:

Name of person who has filled in the form: _____

Relationship to the claimant: _____

Signature: _____

Date: _____

Please return this completed form directly to Sefton Council. PO Box 21, Bootle, L20 3US

Guidance notes

This form should be used by Housing Benefit claimants who:

- are part of a couple where one or both of them have a disability for which they receive a qualifying DWP disability benefit* (*see list below)
- it is unreasonable for them to share a bedroom with their partner due to that disability

There must be the bedroom available for each member of the couple to use.

When completing this form, if you feel that any of the questions are not appropriate to your situation, then please answer with "not applicable" or "n/a".

* List of qualifying DWP Disability Benefits:

- Attendance Allowance
- The Care Component of Disability Living Allowance (payable at the middle or highest rate)
- The Daily Living Component of Personal Independence Payment
- The Armed Forces Independent Payment