



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 (DLA) care component at the middle or high rate and/or Attendance Allowance or Personal Independence Payment (PIP) Daily Living

If you are not in receipt of the care component of DLA (middle or high rate), PIP Daily Living 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 / Personal Independence Payment

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, he/she intends 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

Additional Bedroom Allowance Application Guidance Notes



Overnight Carer

If you or your partner receives overnight care from a non-resident carer on a regular basis you may be entitled to an additional bedroom.

Qualifying Criteria

- You or your partner are in receipt of Disability Living Allowance (DLA) care component high or middle rate, Personal Independence Payment (PIP) Daily Living, or are in receipt of Attendance Allowance (AA). (You do not need to provide evidence of this as we can check this with the Department for Work and Pensions)
- The overnight care must be provided by a carer that doesn't live in your home.
- You must have an extra bedroom for the overnight carer.

If you do not receive DLA care component high or middle rate, PIP Daily Living or AA, you must provide supporting evidence that regular overnight care is received. Examples of this can include:

- Letter from your doctor
- Letter from social work department
- Letter from NHS, for example: Health Visitor, Occupational Therapist
- Letter from your Respite Care Organisation or Private Care Organisation
- Payment receipt for care provided

Foster Carer

If you are a Foster Carer or a Kinship Carer you may be entitled to an additional bedroom.

Qualifying Criteria

Your must be

- an approved foster carer or kinship carer and have a child placed with you, **or**
- an approved foster carer who is between placements but only for a period of 52 weeks from the last placement, **or**
- a newly approved foster carer but only for a period of 52 consecutive weeks from the date of approval, if no child is placed with you during that period.

You must supply written confirmation of this.

Children unable to share a bedroom.

If your child suffers from a disability that makes him/her unable to share a bedroom, you may be entitled to an extra bedroom.

Qualifying Conditions

- The nature and severity of the disability must make the child unable to share a bedroom

This should be supported by

- Medical evidence confirming that the child is unable to share a bedroom and/or confirmation that the child is in receipt of Disability Living Allowance or Personal Independence Payment for their medical condition, **and**
- Details of the frequency and regularity of care required during the night, **and**
- Details of the extent and regularity of the disturbance of sleep of the child who would normally be required to share a room.

Parents of Armed Forces Personnel

If you have an adult son or daughter in the armed forces but who continue to live with you, he/she will be treated as living at home when deployed on operations.

Qualifying Conditions

- Your son or daughter must have been living with you before deployment on operations and must have an intention to return to live with you.

You should supply confirmation of this. If your son or daughter is already away on deployment, you will be able to obtain a letter from your son or daughter's chain of command in the armed forces.

You must tell us when your son or daughter returns home.