



Housing & Community Safety

For Office Use:	Scan Code CARE	Claim Ref:
	Date Case Review:	

Application for Housing Benefit to Cover a Bedroom Used by an Overnight Carer on a Regular Basis

Name of Person Claiming Housing Benefit _____

Address _____

Postcode _____

Telephone Number _____ Email _____

1. Do you have a spare bedroom that is not used by anybody else in the household, other than the overnight carer(s)? **Yes** **No**

If the answer to this question is 'No', then there is no need to complete or return this form as you do not qualify.

2. Does the carer(s) normally live in your home as a member of the household? **Yes** **No**

3. Is the overnight care for you? **Yes** **No**

4. Is the overnight care for someone else who lives with you? **Yes** **No**

Please give their name _____

5. Does the person who receives the care get Attendance Allowance or the **care** component of Disability Living Allowance at the middle or high rate, or the Daily Living Component of the Personal Independence Payment (PIP)? **Yes** **No**

*If the answer to this question is 'No', then you will need to give us sufficient evidence to show that overnight care is required such as a letter from their GP or other medical professional which confirms that the medical condition requires them to receive regular **and** frequent overnight care.*

If you have answered 'No' to question 5, please state below what medical evidence you are sending in to verify the need for regular overnight care.

6. Is the overnight care required on a:

- short-term arrangement?
- long-term (time limited) arrangement?
- permanent arrangement?

Declaration *(please read carefully before signing)*

I can confirm that I understand that this form will be used to amend my Housing Benefit claim and as such agree to be bound by the terms of the declaration I signed when claiming Housing Benefit. I also understand and agree to let the Benefits Section of Perth & Kinross Council know in writing of any changes such as:

- any changes to the frequency/periods of care being provided (eg more overnight care being provided or less overnight care being provided);
- losing or changes to Attendance Allowance, Disability Living Allowance or Personal Independence Payments;
- the need for overnight care coming to an end;
- no longer using a spare bedroom for overnight carer(s);
- any other change that may have an affect on my entitlement to have Housing Benefit pay towards a bedroom for a carer.

These are just examples and this list is not exhaustive, please contact the Benefits Section for advice if you are unsure. We can be contacted by telephone on 01738 476049 or by email at HBenquiries@pkc.gov.uk or by coming into Pullar House at the address below.

Signature of the person who claims the Housing Benefit _____

Date _____

Please return this form to:

Benefits Section
Housing & Community Safety
Perth & Kinross Council
Pullar House
35 Kinnoull Street
PERTH
PH1 5GD

How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. The information may be shared with other bodies responsible for auditing or administering public funds for these purposes.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection or email dataprotection@pkc.gov.uk or telephone 01738 477933.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting Customer Service Centre on 01738 475000.

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب: الاسم: Customer Service Centre رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعوں اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے

تو اس کا بندوبست سروس ڈیولپمنٹ Customer Service Centre سے فون نمبر 01738 475000 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡

Customer Service Centre 01738 475000

來替您安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, alebo n kdo, koho znáte, kopii této listiny v jiném jazyce alebo jiném formátu (v n kterých p ípadech bude p eložén pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Ma tha thu fhèin neo duine a dh'aithnicheas tu ag iarraidh leth-bhreacden pháipear seo ann an cànan eile neo ann an cruth eile, (aig amannan cha bhith ach gearr-chunntas a-mhàin ri fhaighinn air eadar-theangachadh) faodar seo fhaighinn le bhith a' cur fios gu:

Customer Service Centre 01738 475000