



Housing & Community Safety

<b>For Office Use:</b>	Scan Code <b>DCBR</b>	Claim Ref:
	Date Case Review:	

# Application to Amend Housing Benefit for Couples who are Prevented From Sharing a Bedroom Because of a Disability

Name of Person who Claims the Housing Benefit \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Please answer the questions below and return the signed form (contact details and address are in the Declaration overleaf).

- How many bedrooms are in the property? \_\_\_\_\_
- Confirm the names and dates of birth of everyone who lives at this address (continue on a separate sheet if necessary and attach it to this form). Tick here if you have had to do this.

Full Name (PLEASE PRINT)	Date of Birth

3. Who are the couple that are prevented from sharing a bedroom because of a disability?  
Please give their names:

\_\_\_\_\_

\_\_\_\_\_

4. Please give the name of the member of the couple who is disabled. If both are disabled, give both names:

\_\_\_\_\_

\_\_\_\_\_

5. Does the disabled person receive one of the following?

- **Higher Rate of Attendance Allowance**

Yes  No

Name(s) of person(s) who receives this:

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- **Middle or High Rate of the Care Component of Disability Living Allowance**

Yes  No

Name(s) of person(s) who receives this:

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- **Daily Living Component of the Personal Independence Payment**

Yes  No

Name(s) of person(s) who receives this:

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- **Armed Forces Independence Payment**

Yes  No

Name(s) of person(s) who receives this:

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6. Please give **full details** explaining what the effects of the disability are that prevents the couple from sharing a bedroom (continue on a separate sheet if necessary).

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7. Please give **full details** explaining why the problem(s) would not be solved by having separate beds within the one bedroom (continue on a separate sheet if necessary).

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## 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:

- *loss or changes to a person's disability benefits;*
- *if anyone moves in/out of the property;*
- *any other change that might affect my entitlement to Housing Benefit, including that for the extra bedroom.*

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](mailto: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

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 لمخصص 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 دفعہ 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

來替你安排。

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 nebo 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 phàipear 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

### 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](http://www.pkc.gov.uk/dataprotection) or email [dataprotection@pkc.gov.uk](mailto: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.