# Application form for extra bedroom provision due to a disabled person

Ashford Borough Council can allow an extra bedroom for people who are unable to share because of their severe disabilities. To claim the extra bedroom in relation to your Housing Benefit, please complete and return this form.

**Please note:**

* There are no provisions for an extra room for the use of storing equipment relating to a disability.
* If you are in private rented accommodation and your Housing Benefit is being assessed on Local Housing Allowance rates, you can only claim up to a maximum of 4 bedrooms.

**Section 1: Your details**

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| --- | --- | --- | --- |
| Title (Mr, Mrs, Ms) |  | Last Name |  |

|  |  |
| --- | --- |
| First names |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Insurance Number |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Date of Birth |  / /  |

|  |  |
| --- | --- |
| Your address, including room number if you have one |  |

|  |  |
| --- | --- |
| Your daytime telephone number |  |

|  |  |
| --- | --- |
| Your email address |  |

**Section 2: Details of the person that needs a separate bedroom**

|  |  |
| --- | --- |
| Name of the person |  |

|  |  |
| --- | --- |
| Date of Birth |  / /  |

**If there is more than one disabled person please complete a separate form**

**Section 3: Needs assessment**

Is the person currently sharing a room? □ Yes □ No

Do you have a spare bedroom in your property? □ Yes □ No

Does the person require overnight care? □ Yes □ No

Please explain the requirements.

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|  |

How does this impact on the sleep patterns of a people that they would share a room with?

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| --- |
|  |

Is the person in receipt of Disability Living Allowance Care, Middle or Higher rate, Attendance Allowance Higher rate, Daily living Component of PIP or an Armed forces independence payment?

If Yes, please go to Section 4. □ Yes □ No

If No, please go to the next question.

If the person is not in receipt of any of these benefits, please explain the reasons why this is not in payment.

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|  |

What is the nature of the disability/medical condition?

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Anything else you need to tell us?

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|  |

**Section 4: Declaration**

**WARNING**

**It is an offence for anyone to make a statement or produce information that they know to be false, in order to obtain Housing Benefit or Council Tax Reduction. A person, if convicted, can be fined, sent to prison or both.**

**DECLARATION**

**I have filled in this form and declare that the information given within it is true and complete to the best of my knowledge.**

**I will immediately tell the Council’s Revenues & Benefits Service, in writing, if my income or circumstances change.**

**I agree to the Council making any necessary enquires to confirm the information given on this form.**

Signature of person claiming Date

|  |  |  |
| --- | --- | --- |
|  |  |  / /  |

We will use the information you have given us to process your Housing Benefit and/or Council Tax Reduction claim/change of circumstances and to calculate your Council Tax liability. We will not give information about you to anyone else, or use information about you for other purposes, unless the law allows us to. Ashford Borough Council is the data controller for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use that information, you can ask.

**If this form has been filled in by someone other than the person claiming:**

Please tell us why you are filling in this form for the person claiming.

|  |
| --- |
|  |
| Name of the person whofilled in the form |  |
| Signature of the person |  |
| Relationship to the person claiming |  |
| Date |  / /  |