



# Disabled Adult - Couples Unable to Share a Bedroom

If you claim Housing Benefit, and you are unable to share a bedroom with your partner due to a disability, you may be entitled to more benefit. To qualify, you or your partner must be in receipt of :

- Middle or High rate of the care component of Disability Living Allowance or
- Higher rate Attendance Allowance
- Personal Independence Payments- Daily living component
- Armed Forces Independence Payments

Use this form to tell us about the disability and the effect it has on you and your partner

## 1.Details of person claiming Housing Benefit

Your full name	<input type="text"/>	Your date of birth	<input type="text" value="/"/>	<input type="text" value="/"/>
Your National Insurance Number	<input type="text" value="-- / ----- /"/>	Your claim reference number	<input type="text"/>	

## 2.Details of the person unable to share a room and their disability

Name of the person with the disability

Please tell us about the disability.

Why does the disability mean the person needs their own room?

### 3. Your declaration

Please read this declaration carefully before you sign and date it.

- **I understand** that this claim is made to you, City of Cardiff Council and that you are able to process my personal data as you have a legal requirement to do so.
- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that you will gather, collect, and store information to process my claim for Housing and Council Tax Benefit Reduction; to contact me about other services I may be entitled to; and to prevent fraud.
- **I agree** that you may check the information I have provided with other sources such as other sections of the Council, other Councils or my employer. (This list is not exhaustive.)
- **I understand** that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, should the law allow this.
- **I understand** that you may share specific information with my landlord or other organisations if I have given you permission to do so.
- **I know** that I must let you know in writing straight away about any change in my circumstances which may affect my claim.

Signed

Date:

/ /

Print name

**If you have difficulty in understanding this form, help is available in many languages at the Hubs. Contact Connect 2 Cardiff on (029) 2087 2087 for details of local Hubs and opening times.**

*This form is available in Welsh / Mae'r ffurflen hon ar gael yn Gymraeg.*