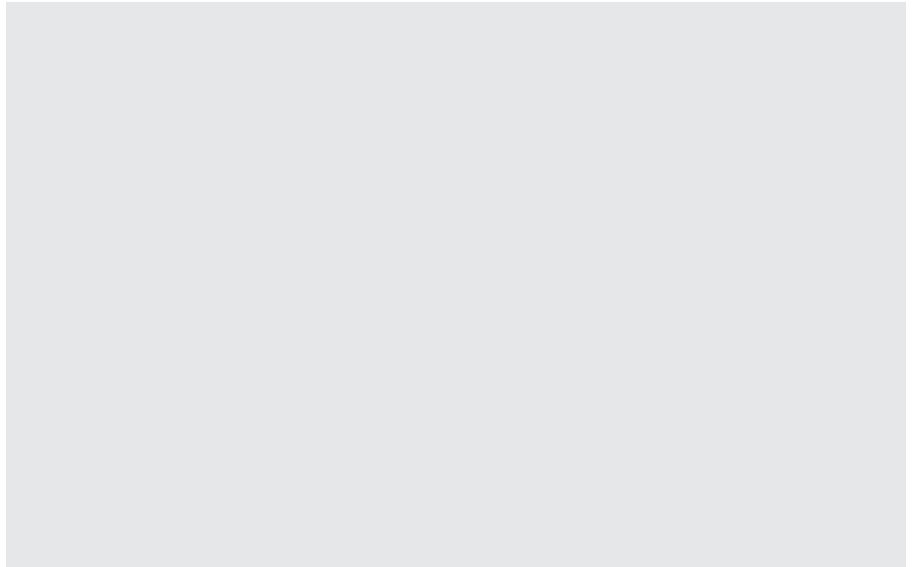


Your details

Full name

Address

National Insurance (NI) number



Extra amount for Severe Disability Premium continued

About you

Does anyone get Carer's Allowance or Universal Credit Carers element for looking after you?

Their full name

Their address

Their daytime phone number
(including code)

Has anyone claimed Carer's Allowance or claimed the Carer's Element of Universal Credit for looking after you, but has not yet been paid?

Their full name

Their address

Their daytime phone number
(including code)

Their National Insurance (NI)
number

Are you certified blind or severely sight impaired?

Do you live with a partner?

We use *partner* to mean

- a person you live with who is your husband, wife or civil partner, or
- a person you live with as if you are a married couple.

No

Yes

Please tell us about the person who looks after you.

No

Yes

Please tell us about the person who has claimed.

No

Yes

No

Go to **About other people who live with you.**

Yes

Go to the next question **About your partner.**

Extra amount for Severe Disability Premium continued

About your partner

Does your partner get

- Attendance Allowance, or
- Constant Attendance Allowance, or
- the care component of Disability Living Allowance, or
- the daily living component of Personal Independence Payment or an
- Armed Forces Independence Payment?

No

Yes

If they get Disability Living Allowance, please tell us if the care component is at the highest, middle or lower rate.

Highest rate

Middle rate

Lower rate

If they get Personal Independence Payment or Armed Forces Independence Payment, please tell us if the daily living component is at the standard or enhanced rate.

Standard rate

Enhanced rate

Does anyone get Carer's Allowance or Universal Credit Carers element for looking after your partner?

No

Yes

Please tell us about the person who looks after your partner.

Their full name

Their address

Their daytime phone number (including code)

Has anyone claimed Carer's Allowance or the Universal Carers element for looking after your partner, but has not yet been paid?

No

Yes

Please tell us their full name.

Is your partner certified blind or severely sight impaired?

No

Yes

Extra amount for Severe Disability Premium continued

About other people who live with you

Does anyone live with you?

Do not include anyone who

- only shares a bathroom, toilet, hall or stairway with you
- lives with you in a care home or nursing home.

No Go to **About where you live.**

Yes Please tell us about them below and on the next page.

If more than 3 people live with you, use a separate sheet of paper to answer these questions.

Their surname

Other names

Relationship to you

For example, son, aunt, tenant, landlord, lodger, none.

Do they get Attendance Allowance or Constant Attendance Allowance?

Do they get the care component of Disability Living Allowance?

If **Yes**, what rate of care component is paid?

Do they get the daily living component of Personal Independence Payment or Armed Forces Independence Payment?

If **Yes**, what rate of the daily living component is paid?

Their age

If they are under 18, tell us their date of birth.

	Person 1	Person 2	Person 3
Their surname			
Other names			
Relationship to you For example, son, aunt, tenant, landlord, lodger, none.			
Do they get Attendance Allowance or Constant Attendance Allowance?	No Yes	No Yes	No Yes
Do they get the care component of Disability Living Allowance?	No Yes	No Yes	No Yes
If Yes , what rate of care component is paid?	Highest rate Middle rate Lower rate	Highest rate Middle rate Lower rate	Highest rate Middle rate Lower rate
Do they get the daily living component of Personal Independence Payment or Armed Forces Independence Payment?	No Yes	No Yes	No Yes
If Yes , what rate of the daily living component is paid?	Standard Enhanced	Standard Enhanced	Standard Enhanced
Their age			
If they are under 18, tell us their date of birth.			

Extra amount for Severe Disability Premium continued

About other people who live with you continued

	Person 1	Person 2	Person 3
<p>Do they receive Child Benefit for anyone aged 16 to 19 who live with you?</p> <p>If No, are they:</p> <ul style="list-style-type: none"> ● a parent ● orphaned, estranged or living away from their parents ● your foster child ● a refugee learning English or has limited leave to remain in the country ● a disabled student. 	<p>No</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>If Yes, Please tell us which applies</p>	<p>No</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>If Yes, Please tell us which applies</p>	<p>No</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>If Yes, Please tell us which applies</p>
<p>Are they certified blind or severely sight impaired?</p>	<p>No</p> <p>Yes</p>	<p>No</p> <p>Yes</p>	<p>No</p> <p>Yes</p>
<p>Do they pay you or your partner any money for rent?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>
<p>Do they pay you or your partner any money for food?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>
<p>Do you or your partner pay them any money for rent?</p> <p>If Yes, how much?</p> <p>How often?</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>	<p>No</p> <p>Yes</p> <p>£</p> <p>Every</p>

Extra amount for Severe Disability Premium continued

About other people who live with you continued

	Person 1	Person 2	Person 3
Did a charity or any other organisation arrange for them to live with you? If the council arranged it, tick No .	No Go to About where you live.	No Go to About where you live.	No Go to About where you live.
	Yes	Yes	Yes
 If Yes , do you pay for this service?	No	No	No
	Yes	Yes	Yes

About where you live

Do you share the rent or jointly own the property with other people? Include any close relatives.

If you need to tell us about more than two people, please use a separate sheet of paper.

Are they related to you?

When did you start to pay the rent or mortgage together?

Was this the date you first started to live in the property?

No Go to the **Declaration.**
Yes Please tell us their full name.

No
Yes

No
Yes

Customer declaration

You must read this to the customer and confirm they agree by ticking the box at the bottom of this declaration

I will now read you a declaration regarding your claim

You understand that you must tell the DWP straight away about a change in your circumstances that could change your benefit payments. If you do not report a change straight away, you could be prosecuted or face a financial penalty. To report a change in your circumstances, you must phone 0800 169 0310, or write to the office that pays your benefit.

Customer agrees to declaration - tick box

Date

Large grey rectangular area for customer signature and date.