



Application for an extra bedroom for disabled child/children

Under the Local Housing Allowance size criteria, Rent Officer referral cases, and the social rented sector occupancy criteria one bedroom is allocated for:-

- A child
- 2 children of the same sex until one of them reaches the age of 16
- 2 children of opposite sex until one of them reaches the age of 10.

If you have a child or children in your household with severe disabilities, which means that they are unable to share a bedroom under the above size criteria, you can apply for an additional bedroom. If you wish to apply for an additional bedroom, please complete the form below, and return with the evidence requested.

Claim Reference Contact Telephone Number

Your Name

Your Address

Please list the residents in your household in the box below.

Full Name	Relationship to me	Date Of Birth	Gender (Male/Female)

Please confirm the number of bedrooms in your household (as listed on your tenancy agreement).

Please confirm details of any child/children that need their own bedroom, and their medical condition/s.

Name	Medical Conditions

Does the child/children receive Disability Living Allowance (DLA) or Personal independence payments (PIP's)?

Name	Yes	No	Waiting to hear	Please give details

If yes, please give details above, which type of DLA/PIP your child/children receive (care and/or mobility) and which component (lower, middle or higher), and provide **your most recent award letter**.

Please explain why your child/children are not able to share a bedroom.

Do any of your disabled child/children have specialist medical equipment in their bedroom?

Yes / No

If Yes, please give details

Does the disabled child/children wake at night and need help at night?

Yes / No

If yes, please tell us the nature and frequency of care/treatment required at night, how often they need help each night, and how long it takes each time.

Do you have carers who come in to look after your child/children at night?

Yes / No

If yes please state what time they come in, how often they come, and what help they provide.

Please use this space to tell us about anything else that will help us to make our decision.

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Evidence

Please provide medical evidence in the form of a letter from your GP and/or hospital specialist outlining why you need an additional bedroom for your child/children. You can also supply additional evidence, for example your child’s statement of special needs, a care plan and/or a letter from your social worker.

Declaration

Even if someone else has filled in this form for you, you must sign this declaration if you can. If you have a partner, it would be helpful if they sign below to confirm all the details about them are correct. But they do not have to sign.

Please read this declaration carefully before you sign and date it. I understand the following:

If I give information that is incorrect or incomplete, you may take action against me. This may include court action.

I know I must immediately let the Council’s Benefits Services know about any change in my circumstances or income. I understand that if I fail to tell the Council’s Benefits Services of any changes in circumstances or income, an overpayment may occur which I will have to repay to the Council.

I declare the information I have given on this form is correct and complete.

Signature of person claiming		Date	
Partner’s signature		Date	

If this form has been filled in by someone other than the person claiming, please tell us who you are and why you filled in this form.

As far as possible, I have confirmed with the person claiming that the answers I have written are correct.			
Name of person who filled in the form			
Signature of the person			
Relationship to the person claiming		Date	

Return this form to
Bournemouth Borough Council, Revenue & Benefits Services, Town Hall, St Stephens Road, Bournemouth, BH2 6EB.
Tel (01202) 451592, email benefits@bournemouth.gov.uk