

Housing Benefit Size Criteria –  
 Tenant application  
 Additional bedroom for overnight carer



**Section 1:**

1

This form should be used to apply to the Highland Council for an additional bedroom to be taken into account when assessing entitlement to Housing Benefit. You may be entitled to more Housing Benefit if:

- you or your partner have an established need for overnight care that is provided by someone outside of the household; and
- you occupy a property with an additional bedroom that is used by overnight carer(s)

Tenant Contact Details:

Name			
Address:			
		Post code:	
Tel No:		Mob No:	
Email Address:			
Tenancy ref:		HB ref:	

Who lives with you:

	Name	M/F	Relationship to tenant	D.O.B	Age
➤					
➤					
➤					
➤					
➤					
➤					

**Circumstances where a bedroom may be allowed for an overnight carer.**

A bedroom for an overnight carer may be awarded if the following conditions are met:

- The claimant or partner has an established need for overnight care.
- The care is not provided by a member of the household.
- The carer has a home elsewhere.
- The carer or carers provide the overnight care that the customer or partner needs and regularly stay overnight for this purpose.
- The customer has an additional bedroom which is available for the carer to sleep in.

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**Section 2:**

2

Name of person who requires overnight care: .....

Please give details of health condition(s) and the support the overnight carer provides:

(Please continue on separate sheet if necessary)

**Section 3:**

3

Are you in receipt of the middle or higher rate care component of Disability Living Allowance or receive the daily living component of Personal Independence Payment?	<b>Yes</b>	<b>No</b>
Do you have any additional information to support your application? e.g. letter/report from: <ul style="list-style-type: none"> <li>○ GP/Other qualified medical practitioners.</li> <li>○ Care Workers.</li> <li>○ Other relevant Council Services e.g. Social Services.</li> <li>○ Care Plan</li> </ul>	<b>Yes</b>  Please include copies with your application	<b>No</b>

**Section 4:**

**How we collect and use information**

We will use the information you give on this form and any supporting evidence, to process your claim for Housing Benefit, Council Tax Reduction, Second Adult Rebate and Scottish Welfare Fund.

The Highland Council is under a duty 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 and to make sure that the information is **accurate**. We may also share this information with other Council Services, Agencies, Organisations, Local authorities, Government Departments and other bodies responsible for auditing or administering public funds.

We will **not** give information about you to anyone else, or use information about you for other purposes, **unless** the law **allows** us to.

The Highland 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 email [foi@highland.gov.uk](mailto:foi@highland.gov.uk) or write to the **Information Officer, Chief Executive's Office, The Highland Council, Glenurquhart Road, Inverness, IV3 5NX.**

**Remember to sign the declaration(s) on page 4 of this form**

**Section 5:  
 Declaration – all applicants must complete section 5**

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

Warning: It is an offence to **give false information**. If someone has completed this form on your behalf, you **must** make sure that it has been read back to you in full and you understand everything before you sign the declaration. In the case of a **couple, only the claimant must sign** the form below.

This is my application for an additional bedroom which is used overnight by a non-resident carer to be included when assessing my entitlement to Housing Benefit. I declare the information I have given on this form is **correct and complete**.

I authorise the Council to check the information I have given and make any necessary enquiries **to verify** the information on this form and retain a copy.

I understand that the information I have given on this form may be held electronically and may be shared with other Council Services and relevant agencies, or used when considering a Discretionary Housing Payment.

I understand that if I give information that is **wrong or not complete** or **fail** to report a change which may affect my benefit I may **be prosecuted**.

Claimant's signature:.....	Date:.....
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**This section must be completed if the claim form has been filled in by someone else on your behalf. This includes voluntary organisations, an appointee, relative, friend or representative of the Council.**

Please print the name of the person who completed the form:			
Their Address:			
Telephone number:		Relationship to claimant:	
Please give reason why the claimant was unable to complete the form:			

I declare that I have filled in this form for the person (s) named above in accordance with their instructions and have read this back to them in full before they signed the declaration.

Signature of person completing form .....	Date.....
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