



Extra Room Allowance for a Non-Resident Carer Application Form

This form should be completed by a person who rents their home and regularly has an overnight carer who does not live with the person receiving care. Please read the guidance notes attached.

SECTION A – To be completed by all claimants

Claimant's
name:

Case
Reference:

Address:

Name of person receiving overnight
care:

Why does this person require overnight care? (please include the nature of their disability etc)

Please give details of the care that is provided overnight.

When did overnight care start?

How often is overnight care provided?

(e.g. every night / two nights per week etc)

When overnight care is provided, in which room does the carer sleep?

(e.g. in spare bedroom, on living room sofa etc)

SECTION A – Continued

Does this room have any other use when not used by the overnight carer? Yes No

If Yes, please give details:

Who provides the overnight care? Relatives / friends Go to **Section B**

A professional care provider / paid carer Go to **Section C**

SECTION B – To be completed where care is provided by relatives or friends

Name of person providing care: _____

Their home address: _____

If overnight care is provided by more than one person, please give details on a separate sheet

SECTION C – To be completed where care is provided by professional or paid carers

Name of care provider: _____

Business address of care provider: _____

Who pays for the care? You / person receiving care
Social Services department
Other Please give details below

Does the Social Services department have a care plan in place for you? Yes No

SECTION D – Additional Information

Please give any additional information in support of your application in the space below:

Declaration

- The information I have provided in this form is correct and accurate to the best of my knowledge.
- I hereby give you permission to contact the social services department for details of my care plan if required for the purpose of dealing with my claim for Housing Benefit.
- I understand that a visit to my property may be required to determine the correct level of Housing Benefit I am entitled to.

Signed: _____
(claimant)

Date:

Signed: _____
(person receiving care – if different)

Date:

Daytime telephone number:

GUIDANCE NOTES

This form is to be used to claim an additional room allowance for a non-resident carer when claiming Housing Benefit.

If you are part of a couple, the named Housing Benefit claimant must sign this form.

Under Housing Benefit rules, one bedroom is allowed for each of the following people who live with you.

- *a single claimant or for an adult couple*
- *any two children aged under 10*
- *any two children of the same sex aged 15 or under*
- *any other adult aged 16 or over*
- *any other child*

A additional room can be allowed where all of the following apply:

- *The claimant rents their home*
- *Someone living at the property requires regular and frequent overnight care*
- *Someone else, who lives elsewhere, provides regular and frequent overnight care to that person*
- *The claimant has a bedroom within their home which is used by the person(s) providing the overnight care and this is the main use of this bedroom.*
- *The property has more bedrooms than that which is being used to calculate entitlement to Housing Benefit (notwithstanding this additional bedroom allowance for a non-resident carer).*
- *Housing Benefit is already paid at a rate less than the 4 bedroom rate (private rented cases only)*

Additionally, only one additional bedroom can be allowed for non-resident carers, regardless of how many people within the property required and receive overnight care.

In order to assess entitlement to this additional allowance, we may need to see documentary evidence of the care required and received. This could be in the form of care plans, or letters from your GP or other medical professional.

It is also possible that we will need to verify some of the information by way of a visit to the property.

You may take this form along with any other information and/or documents requested to either of the following offices.

Office	Opening Times
Sefton Council One Stop Shop 324-342 Stanley Road, Bootle	Monday to Friday 9am to 5pm
Sefton Council One Stop Shop Cambridge Arcade, Lord Street, Southport	

You may contact the Benefits Service or obtain further information in the following ways:

By Phone 0345 140 0845

By Fax 0151 934 3620

Visit our website www.sefton.gov.uk