

**About your partner – continued**

Does anyone get  
Carer's Allowance for  
looking after your  
partner?

No ☐

Yes ☐

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

Their full name

Their address


Postcode

Their daytime phone number

Code	Number
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Has anyone claimed  
Carer's Allowance for  
looking after your  
partner, but has not yet  
been paid?

No ☐

Yes ☐

Please tell us their full name.

Is your partner  
registered blind?

No ☐

Yes ☐

**About other people who live with you**

Does anyone live with  
you?

No ☐

Go to the Declaration.

Yes ☐

Please tell us about them below and on the next 2 pages.

Do not include anyone  
who only shares a  
bathroom, toilet, hall or  
stairway with you.

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

Their surname

Person 1

Person 2

Person 3

Other names

Relationship to you

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

Please turn over ►

# Extra money – Severe Disability Premium – continued

## About other people who live with you – continued

	Person 1	Person 2	Person 3
Do they get Attendance Allowance or Constant Attendance Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they get the care component of Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, what rate of care component is paid?	Lower <input type="checkbox"/> Middle <input type="checkbox"/> Highest <input type="checkbox"/>	Lower <input type="checkbox"/> Middle <input type="checkbox"/> Highest <input type="checkbox"/>	Lower <input type="checkbox"/> Middle <input type="checkbox"/> Highest <input type="checkbox"/>
Their age	<input type="text"/>	<input type="text"/>	<input type="text"/>
Their date of birth if under age 18	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are they registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do they pay you or your partner any money for rent?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, how much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do they pay you or your partner any money for food?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, how much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you or your partner pay them any money for rent?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, how much?	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
How often?	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Extra money – 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 <b>No</b> .	No <input type="checkbox"/> Go to <b>About where you live</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to <b>About where you live</b> . Yes <input type="checkbox"/>	No <input type="checkbox"/> Go to <b>About where you live</b> . Yes <input type="checkbox"/>
If <b>Yes</b> , do you pay for this service?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

### About where you live

Do you and another person share the rent or jointly own the property?  
Include any close relatives.

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

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Are they related to you?

No ☐  
Yes ☐

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

/  /

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

No ☐  
Yes ☐

### Declaration

I understand

that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I declare

that the information I have given on this form is correct and complete as far as I know and believe.

Your signature

Date