

Pension Credit

If you get in touch with us, please tell us this reference number

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Our phone number is

Code	Number	Ext
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Textphone users with speech or hearing difficulties call

Code	Number
------	--------

Date

/	/
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Extra money

You may be able to get extra money with your Pension Credit because you are getting

- Attendance Allowance, or
- the middle or highest rate of the care component of Disability Living Allowance.

Before we can decide if you can get this, we need some more information.

What to do now

Please answer the questions on this form.

Some of the questions are about Carer's Allowance. Carer's Allowance is a social security benefit to help people who look after someone who gets

- Attendance Allowance, or
- Constant Attendance Allowance, or
- Disability Living Allowance.

Please send this form back to us by / / at the latest.

Use the envelope we have sent you. It does not need a stamp.

Where to get help and advice

For more information about your case, get in touch with us. Our phone number and address are at the top of this letter.

About you

Does anyone get
**Carer's Allowance for looking
after you?**

No ☐

Yes ☐ Please tell us about the person who
looks after you

Their full name

Their National Insurance (NI)
number

Letters Numbers Letter

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Their address

Postcode

Their daytime phone number

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

No ☐

Yes ☐ Please tell us about the person who
has claimed

Their full name

Their National Insurance (NI)
number

Letters Numbers Letter

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Their address

Postcode

Their daytime phone number

Code	Number
------	--------

Are you registered blind or
severely sight impaired?

No ☐

Yes ☐

Do you live with a partner?

We use *partner* to mean:

- a person you are married to
or a person you live with as
if you are married to them,
or
- a civil partner or a person
you live with as if you are
civil partners.

No ☐ Go to **About other people who live with you.**

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

About your partner

Does your partner get Attendance Allowance, or Constant Attendance Allowance, or the care component of Disability Living Allowance?

No ☐

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

Highest rate ☐

Middle rate ☐

Lowest rate ☐

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
------	--------

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

No ☐

Yes ☐ Please tell us their name

Their full name

Their address

Postcode

Their daytime phone number

Code	Number
------	--------

Is your partner registered blind or severely sight impaired?

No ☐

Yes ☐

About other people who live with you

Does anyone live with you?

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

If more than 4 people live with you, use a separate sheet of paper to answer these questions.

No ☐ Go to the **Declaration**.

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

Their surname

Other names

Relationship to you

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

Person 1

Person 2

Do they get Attendance Allowance or Constant Attendance Allowance?

No ☐

Yes ☐

No ☐

Yes ☐

Do they get the care component of Disability Living Allowance?

No ☐

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

Lowest ☐

Middle ☐

Highest ☐

No ☐

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

Lowest ☐

Middle ☐

Highest ☐

Their date of birth

Does anyone get Child Benefit for this person?

Who gets the Child Benefit for this person?

No ☐

Yes ☐

No ☐

Yes ☐

Are they registered blind or severely sight impaired?

Do they pay you or your partner any money for rent?

No ☐

Yes ☐

No ☐

Yes ☐

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

Extra money continued

About other people who live with you continued

Person 1

Do they pay you or your partner any money for food?

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

Do you or your partner pay them any money for rent?

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

Person 2

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

No ☐

Yes ☐ If Yes, how much?

£

How often?

every

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.

Yes ☐ Do you pay for this service?

No ☐

Yes ☐

No ☐ Go to About where you live.

Yes ☐ Do you pay for this service?

No ☐

Yes ☐

Person 3

Their surname

Other names

Relationship to you

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

Person 4

Do they get Attendance Allowance or Constant Attendance Allowance?

No ☐

Yes ☐

Do they get the care component of Disability Living Allowance?

No ☐

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

Lowest ☐

Middle ☐

Highest ☐

No ☐

Yes ☐

No ☐

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

Lowest ☐

Middle ☐

Highest ☐

Their date of birth

/ /

/ /

Extra money continued

About other people who live with you continued

Person 3

Person 4

Does anyone get Child Benefit for this person?

No ☐
Yes ☐

No ☐
Yes ☐

Who gets the Child Benefit for this person?

Are they registered blind or severely sight impaired?

No ☐
Yes ☐

No ☐
Yes ☐

Do they pay you or your partner any money for rent?

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

Do they pay you or your partner any money for food?

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

Do you or your partner pay them any money for rent?

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

No ☐
Yes ☐

If Yes, how much?

£

How often?

every

Did a charity or any other organisation arrange for them to live with you?
If the council arranged it, tick No.

No ☐
Yes ☐

Go to About where you live.

Do you pay for this service?

No ☐
Yes ☐

No ☐
Yes ☐

Go to About where you live.

Do you pay for this service?

No ☐
Yes ☐

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 about this

Their full name

Are they related to you?

No ☐
Yes ☐

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

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

No ☐
Yes ☐

Declaration

I declare

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

I understand

that if I knowingly give false information, my benefit may be stopped and I may be liable to prosecution or other action.

Your signature

Date
