

Housing Benefit - extra room for an overnight carer

Notes

The housing benefit rules state how many bedrooms the Council has to use when working out housing benefit. We have to look at the number of people who normally live in the house.

We can allow an extra room where the claimant or their partner (or both) needs overnight care and that care is provided by one or more people who normally live somewhere else (known as a non-resident carer).

Please answer the questions overleaf to help us decide whether you are entitled to an extra room when we work out your housing benefit.

Housing Benefit for the extra room can only be awarded if you can provide evidence that the non-resident carer is:-

- a. Actually engaged in providing overnight care
- b. Regularly staying overnight in your home for that purpose; and
- c. Provided with the use of a bedroom in your home that is not used by the people who normally live there.

Acceptable evidence to confirm the arrangements can be one or more of the following: -

- 1. Care Plan or Invoice for care fees.
- 2. Letter or email from Adult Social Services (or ask them to fill in the box below).
- 3. Letter from a doctor (or ask them to fill in the box below).

The evidence must state that -

- there is a need for overnight care;
- the type of care that is required;
- how often the overnight care is provided;
- for how long the care is likely to be provided.

If other evidence is not available this box can be completed by Social Services or the doctor of the person who needs care

To be stamped with the Office Stamp of person signing

I declare that

NAME _____ requires overnight care

because (reason) _____

and that this care is normally provided for _____ nights per week by a person who does not normally live with the claimant.

Please state for how long the care is likely to be needed _____

Signed _____ Name _____

Date _____ Phone Number _____

Organisation and position _____

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Please read the information on the front of this form. This side is to be completed by the person who receives housing benefit.

Housing Benefit Reference (if known)

Your name

Your address

Postcode

1. Who needs overnight care?
2. Does the person in Question 1 have a carer who lives somewhere else, but provides regular overnight care in your home?
Yes No
3. Do you have a room that the carer uses to stay in overnight that is not used by anyone else?
Yes No
4. Does the person in Question 1 -
 - Receive Attendance Allowance; or
 - Middle or high rate of Disability Living Allowance (Care component) or Personal Independence Payment (daily living component)Yes No
5. Can you provide evidence that the person in Question 1 needs and receives overnight care such as a letter from a doctor or Social Services that meets the evidence requirements shown overleaf?
Yes No

Declaration

Please read this declaration carefully before you sign it

I declare that the information given above is correct and I understand that I must tell you if there are any changes in my circumstances that may affect the amount of housing benefit to which I am entitled.

I understand that I can be prosecuted if I accept Housing Benefit to which I know I am not entitled.

I give permission for the Council's Benefit Service to check any of the information I have provided on or with this form with other council departments, or other sources as allowed by the law, to ensure that my housing benefit is awarded correctly.

Signature

Date

/ /

Please return to Benefits Service,
Civic Offices,
1 Saxon Gate East,
Milton Keynes MK9 3EJ
Tel: (01908) 253100