

# Extra Room Request Form



<b>Claimant Name:</b>	<b>Claim Reference:</b>
<b>Address:</b>	<b>Date:</b>

An extra room is requested for (please tick all that apply):

A non-resident carer or carers	<input type="checkbox"/>	Go to <b>part A</b>
A disabled child who is unable to share a bedroom	<input type="checkbox"/>	Go to <b>part B</b>
A disabled partner who is unable to share a bedroom	<input type="checkbox"/>	Go to <b>part C</b>

## Part A – non-resident carer(s)

Name of the person who requires care:			
Does the person who requires care receive:	the care component of Disability Living Allowance at the middle or higher rate?	<input type="checkbox"/>	
	the daily living component of Personal Independence Payment?	<input type="checkbox"/>	
	an Armed Forces Independence Payment?	<input type="checkbox"/>	
<b>If the person requiring care does not receive one of these disability benefits we need evidence from a medical professional confirming their need for care</b>			
Name of the carer(s):			
Address of the carer(s) (or the agency supplying the carer(s)):			
How often is care provided?	<input type="checkbox"/>	Is there a spare bedroom for the carer(s) that is not used by anyone else?	<input type="checkbox"/>
<b>Please provide evidence that regular care is being provided, for example, a care plan or a statement from social services or a signed statement from the carer(s)</b>			
Signature:		Date:	

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## Part B – disabled child who is unable to share a bedroom

Name of the child who is unable to share a bedroom:	
Reason why the child is unable to share a bedroom:	
Does the child who is unable to share receive the care component of Disability Living Allowance at the middle or higher rate?	
Is there a spare bedroom for the child that is not used by anyone else?	
Signature:	Date:

## Part C – disabled partner who is unable to share a bedroom

Name of the person who is unable to share a bedroom:		
Reason why the person is unable to share a bedroom:		
Does the person who is unable to share a bedroom receive:	the higher rate of Attendance Allowance?	
	the care component of Disability Living Allowance at the middle or higher rate?	
	the daily living component of Personal Independence Payment?	
	an Armed Forces Independence Payment?	
Is there a spare bedroom for the person that is not used by anyone else?		
Signature:	Date:	

Return your completed form to:

**Email:** [benefits@haringey.gov.uk](mailto:benefits@haringey.gov.uk)

**Post:** Corporate and Customer Services | Benefits, PO Box 10505, Wood Green N22 7WJ

**In person:**

[Marcus Garvey Centre – Library and Customer Services](#)

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