

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Department/Organization Name]
[Address]

[City, State, Zip Code]

Subject: Personal Independence Payment (PIP) Eligibility Application

Dear [Recipient's Name],

I am writing to formally apply for Personal Independence Payment (PIP) due to my [specific condition(s) or disability]. My circumstances significantly affect my daily living and mobility, and I am seeking support to help manage my condition.

****Personal Information****

- ****Name:**** [Your Full Name]
- ****Date of Birth:**** [Your Date of Birth]
- ****National Insurance Number:**** [Your National Insurance Number]
- ****Reference Number (if applicable):**** [Your Reference Number]

****Medical Condition****

I have been diagnosed with [specific diagnosis], and I experience the following difficulties:

1. ****Daily Living****: [Describe how your condition affects your daily living activities]
2. ****Mobility****: [Describe how your condition affects your mobility]

****Supporting Evidence****

I have attached relevant documents to support my application, including:

- Medical reports from my healthcare providers
- A detailed letter from [Doctor's Name]
- Any other relevant documentation (e.g., assessments, treatment history)

****Impact on Daily Life****

My condition has a profound impact on my life, including:

- Difficulty in [describe how your daily life is affected, e.g., preparing meals, bathing, dressing]
- Challenges in [describe mobility-related issues, e.g., walking, using public transport]
- Requirement for assistance from family/friends and/or care services

****Request for Consideration****

Given the extent of my condition and the challenges I face, I kindly ask for your consideration of my application for PIP.

Thank you for your attention to my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Attachments: List of attached documents]