

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Submission of Personal Independence Payment (PIP) Application

I am writing to formally submit my application for Personal Independence Payment (PIP) as I believe I meet the eligibility criteria due to the challenges I face as a result of my [specific condition or disability].

In support of my application, I have included the following documents:

1. Completed PIP application form
2. Medical evidence from [doctor/healthcare provider]
3. Any additional relevant documents

I kindly request that you process my application and I am happy to provide any further information or documentation should it be required. Thank you for your attention to my application. I look forward to your prompt response.

Yours sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]