

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Justification for Personal Independence Payment (PIP)

I am writing to provide a clear justification for my Personal Independence Payment (PIP) application, based on my current health conditions and the impact they have on my daily life.

1. ****Personal Details****

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- National Insurance Number: [Your NI Number]

2. ****Health Conditions****

- [Briefly list your health conditions]
- [Explain each condition and how it affects your daily life]

3. ****Daily Living Needs****

- [Describe your difficulties with daily living activities such as cooking, cleaning, dressing, etc.]
- [Provide specific examples of how your conditions hinder your ability to perform these tasks]

4. ****Mobility Needs****

- [Explain any mobility difficulties you experience]
- [Detail how these affect your ability to travel, including walking distance, use of public transport, etc.]

5. ****Additional Support Required****

- [Outline any assistance you require from others for daily living]
- [Mention any products or services you rely on to cope with your conditions]

6. ****Conclusion****

Based on the information outlined above, I believe I meet the criteria for PIP due to the significant impact my health conditions have on my daily life and mobility. I appreciate your consideration of my application and am happy to provide additional information or documentation as needed.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]