

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

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

Dear [Recipient's Name],

I am writing to formally apply for Personal Independence Payment (PIP) as a result of my [specific medical condition or disability].

Due to my condition, I face challenges in [describe specific difficulties related to daily living or mobility]. As a result, I believe that I meet the eligibility criteria for PIP and would appreciate your assistance in processing my application.

I have attached the necessary documents, including [list any documents included, e.g., medical reports, identification], to support my application.

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

Sincerely,  
[Your Name]