

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

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

Dear [Recipient Name],

Subject: Application for Attendance Allowance

I am writing to formally apply for the Attendance Allowance as per the guidelines provided for individuals in need of assistance.

I am [Your Age] years old and have been experiencing [briefly describe your medical condition or disability]. This condition significantly affects my ability to engage in daily activities without support.

Due to these circumstances, I require assistance with [specific daily activities, e.g., personal care, mobility, etc.]. I believe that I meet the eligibility criteria for the Attendance Allowance based on my current situation.

Attached are the necessary documents, including [list any documents you are enclosing, such as medical evidence, identification, etc.].

I appreciate your attention to my application and look forward to your favorable response.

Thank you for considering my request.

Sincerely,
[Your Name]