

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

[Recipient's Name]  
[Department/Organization Name]  
[Department Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Application for Attendance Allowance

I hope this letter finds you well. I am writing to formally apply for Attendance Allowance due to [briefly explain your reason, e.g., a disability or medical condition that affects your daily living].

**\*\*Personal Information:\*\***

Name: [Your Full Name]

National Insurance Number: [Your NI Number]

Date of Birth: [Your Date of Birth]

**\*\*Details of Condition:\*\***

I have [provide a brief description of your medical condition] which [explain how it impacts your daily life, including any assistance you require].

**\*\*Financial Situation:\*\***

[Optional: Provide a brief overview of your financial circumstances, if relevant to the application.]

**\*\*Attachments:\*\***

I have included the following documents to support my application:

1. Medical Reports
2. Proof of Identification
3. [Any additional relevant documents]

I kindly request that you consider my application for Attendance Allowance so that I may receive the necessary support for my daily living needs.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]