

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Department for Work and Pensions]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Application for Disability Living Allowance (DLA)

I am writing to formally apply for Disability Living Allowance (DLA) due to [briefly describe your condition and how it affects your daily life].

I am [your age] years old, and I have been experiencing [mention your medical condition or disability] since [indicate the duration]. This condition impacts my daily activities in the following ways: [briefly list the challenges you face, e.g., difficulty walking, personal care needs, etc.].

Enclosed with this letter, you will find the necessary documentation to support my application, including [mention any medical reports, assessments, or other relevant documents].

I would appreciate your consideration of my application and look forward to your prompt response.

Thank you for your attention to this matter.

Yours sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]