

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

DLA Claim Department
[Relevant Address]
[City, State, Zip Code]

Dear Sir/Madam,

Subject: Application for Disability Living Allowance (DLA)

I hope this letter finds you well. I am writing to formally apply for Disability Living Allowance (DLA) due to my ongoing health conditions which significantly impact my daily life.

I have been experiencing [briefly describe your condition(s) and how they affect your daily activities]. As a result, I require assistance with [mention specific activities, e.g., mobility, personal care, etc.].

Enclosed, please find my completed DLA application form along with supporting documents, including medical reports and evidence from my healthcare providers that outline my conditions and their impact on my ability to perform daily tasks.

I appreciate your attention to my application, and I am hopeful for a positive response. Should you require any further information or documentation, please do not hesitate to contact me.

Thank you for your consideration.

Yours sincerely,

[Your Name]
[Signature (if sending a hard copy)]