

Personal Independence Payment Local Authority Notification

Issued by: DWP LA	Received by: DWF	P
Date:	Date:	
Personal details National Insurance No: (Use when CRN not known)	Case reference Number(CRN): (Completed by DWP)	
Address:		Postcode:
2. Housing Benefit/CTR Interest (for completion by Local Authority) This is to notify that the person detailed has claimed Housing Benefit/Council Tax Reduction. Please provide the following information: Award details Case Reference number		
3. Personal Independence Payment (for completion by DWP - PIP Benefit Centre) Award details		
PIP awarded Change of awa	rd From:	
	Total award amount:	£
Daily Living Component		
Standard rate Enhanced ra	te Amount: £	
Mobility Component		
Standard rate Enhanced ra	te Amount: £	
No entitlement to PIP	From:	
Reason for Change/No entitlement:		
4. Change of Address		
Previous address:		

PIP.0125_PIP(HB)

Completed By: (Print name)

Signature: