Made on behalf of: Appellant/Claimant
Made by: [NAME]
Statement no: 1
Date made: [DATE]

**IN THE FIRST TIER TRIBUNAL [CASE REFERENCE]**

**(SOCIAL ENTITLEMENT CHAMBER)**

**IN AN APPLICATION FOR UNIVERSAL CREDIT**

**BETWEEN:**

**[NAME]**

**Appellant/Claimant**

**And**

**THE SECRETARY OF STATE FOR WORK AND PENSIONS**

**Respondent/Defendant**

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**First Witness Statement of [NAME]**

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I, [NAME], of [ADDRESS], will say as follows: -

1. The facts in this witness statement come from my personal knowledge. I have prepared this witness statement myself with the support of [ADVISER NAME] of [ORGANISATION] with whom I have reviewed its contents. I make this statement in support of my claim for universal credit.
2. In this statement, I will:
	1. Explain my background and the history of my residence in the UK.
	2. Explain the circumstances which led to my claim for universal credit.
	3. Give evidence about the difficulties I face in obtaining sufficient income to meet my and my families basic needs.
	4. Explain the impact of not having sufficient resources

*(a) My background and the history of my residence in the UK*

1. I am a national of [COUNTRY].
2. I first came to the United Kingdom on [DATE].
3. [DETAILS OF ANY WORK HISTORY IN UK]
4. I live here with [EXPLAIN FAMILY MEMBERS- NAMES, DATES OF BIRTH ETC].
5. I have the following health problems [DETAILS] of which I provide evidence in the form of hospital letters which are attached as [INITIALS1 Exhibit 1]. These health problems mean that:
	1. [DETAILS OF HOW HEALTH AFFECTS ABILITIES]
	2. [DETAILS OF HOW INCREASES NEEDS – EG BETTER DIET, DIFFICULTIES WITH PUBLIC TRANSPORT ETC]
6. Following an application to the “European Union Settled Scheme” on [DATE] I was granted limited leave to remain in the UK under “Appendix EU” to the Immigration Rules. I understand that the Department for Work and Pensions can check that is the case with the Home Office.

*(b) The circumstances which led to my claim for universal credit*

1. From [DATE] I was unable to work because [DETAILS- IT IS IMPORTANT TO PROVIDE AS MUCH DETAIL AS POSSIBLE ABOUT (1) HEALTH ISSUES AFFECTING ABILITY TO WORK (2) CHILDCARE ISSUES (3) OTHER CARING RESPONSIBILITIES (4) ANY OTHER FACTORS WHICH MAKE WORK DIFFICULT].
2. My only source of money to provide for my and my families basic needs from that date was as follows:
	1. [DETAILS OF ANY OTHER BENEFITS RECEIVED INCLUDING AMOUNTS AND FROM WHEN HAVE BEEN RECEIVING].
	2. [DETAILS OF ANY OTHER SOURCES OF INCOME- EG CHILD MAINTENANCE, LOANS/GIFTS FROM FRIENDS, LOCAL AUTHORITY PAYMENTS. MAKE SURE TO INCLUDE DATES OF PAYMENT, AMOUNTS, FREQUENCY, RELIABILITY ETC, ANY STEPS CLAIMANT HAD TO TAKE TO CHASE UP]
3. Because my resources were not sufficient to provide for the basic needs of myself and my family I claimed universal credit on [DATE].
4. When I made my application for universal credit, I was not asked specifically whether I had sufficient income to provide for my basic needs. However, I did provide details of my other income as per the questions asked on the form.
5. [FURTHER DETAILS OF UC CLAIM HISTORY IF RELEVANT AS FOLLOWS: DATE IT WAS REFUSED, DATE SOUGHT MANDATORY RECONSIDERATION, DATES AND ACTIONS TAKEN TO CHASE A DECISION, DATE OF MANDATORY RECONSIDERATION ETC- THIS IS BEST SET OUT IN CHRONOLOGICAL ORDER]

*(c) the difficulties I face in obtaining sufficient income to meet our basic needs*

1. Without universal credit, I will not be able to meet the basic needs of myself and my family.

Cannot work

1. In particular, I am unable to obtain adequate income to do this via working for the reasons given above at **[9]**.

Cannot rely on friends/family

1. Furthermore, I am unable to obtain any further support from friends or family. This is particularly the case because [PROVIDE DETAILS OF FAMILY/FRIENDS DIFFICULTIES IN PROVIDING FURTHER INCOME- EG THEIR OWN LIMITED RESOURCES / ISOLATION OF CLAIMANT FROM THEM / THEIR UNWILLINGNESS TO PROVIDE FURTHER SUPPORT ETC]

Charitable support inadequate

1. [EDIT APPROPRIATELY: In addition, although I have attempted to obtain charitable support all that I have received is as set out above. Obviously that is not sufficient to meet my basic needs. I am unaware of any charitable support that would provide income to me on a regular basis. My advisers have been unable to obtain such support for me.]

Social services support inadequate/uncertain

1. [EDIT APPROPRIATELY I have approached/am approaching social services to try to obtain support. DETAIL STEPS TAKEN, WHAT WAS GIVEN, WHAT WAS SAID ABOUT WHAT SORT OF SUPPORT IT WAS, WHETHER REGULAR ETC ETC]
2. [EDIT APPROPRIATELY In addition, I have tried to access other support from the Local Authority as follows DETAILS]

*(d) Impact of not having sufficient resources*

1. Because of our limited resources, [DELETE AS APPROPRIATE: then we are/we risk imminently being] without sufficient income to meet our most basic needs, by which I mean accommodation (including money to heat it to a level which is adequate), food, clothing and hygiene. In particular:
	1. Food: [DETAIL ANY MISSING OF MEALS, REDUCTION PORTION SIZE, SOME FAMILY MEMBERS NOT EATING SO OTHERS CAN, LOSS OF WEIGHT, HEALTH PROBLEMS ASSOCIATE WITH POOR OR INADEQUATE DIET ETC]
	2. Clothing: [DETAIL NEED FOR ANY CLOTHING THAT CANNOT BE MET- EG CHILD SHOES TOO SMALL, NEED FOR WINTER CLOTHING, IF HAD TO FLEE DV WITHOUT ADEQUATE CLOTHING AND SO NEEDS RESOURCES FOR THIS ETC, EXISTING CLOTHING FALLING APART, PARTICULAR HEALTH NEEDS FOR WARMER/ADJUSTED CLOTHING ETC ETC]
	3. Hygiene: [DETAIL ANY LACK OF HYGIENE PRODUCTS- PERIOD PRODUCTS, SPECIFIC THINGS FOR CHILDREN LIKE NAPPIES, WIPES, CREAMS ETC, EXPLAIN ANY SPECIFIC HEALTH IMPLICATIONS OF LACK OF SUCH ITEMS]
	4. Accommodation: [EXPLAIN WHERE LIVING AT PRESENT, EXPLAIN RENT AND HOW CANNOT PAY IF RELEVANT, EXPLAIN ANY STEPS BEING TAKEN TO EVICT OR OBTAIN POSSESSION, EXPLAIN HOW QUICKLY WILL END UP ON STREET POTENTIALLY, IF STREET HOMELESS EXPLAIN THAT, IF SOFA SURFING ETC EXPLAIN DIFFICULTIES WITH THAT CONTINUING AS RELEVANT]
	5. Heating: [EXPLAIN IMPACT OF NOT BEING ABLE TO AFFORD TO HEAT ACCOMMODATION ON HEALTH IF RELEVANT]
2. [EXPLAIN HOW THIS MAKES CLAIMANT FEEL –SHAME RELATED TO NOT BEING ABLE TO PROVIDE, INABILITY TO JOIN IN NORMAL COMMUNAL ACTIVITIES ETC, IMPACT ON ANY CHILDREN AND HAVING TO EXPLAIN THIS TO THEM, ANXIETY ABOUT WHERE NEXT FOOD COMING FROM/HOMELESSNESS ETC, DETERIORATION IN HEALTH IF RELEVANT]

**Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed

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[NAME]

[DATE]