

Your appeal

Complete this form and take or send it to us

About you

Title Mr/Mrs/Miss/Ms

Your surname

All other names

Your date of birth/...../.....

National Insurance

(NI) number Get this from your NI number card, payslips, tax papers or letters from social security.

Your address
.....
.....
.....
.....Postcode.....

Daytime phone number Code.....Number.....

Email address

Housing Benefit Ref No.

Have you arranged for someone to help you with your appeal No
Yes Please tell us their name

Their full name

Their address
.....
.....
.....
.....
.....Postcode.....

Sign this box to authorise this person to act for you

About the decision

Name of the benefit or benefits

Date at the top of the letter/...../.....
about the decision

About your appeal

- Use the space on this form to say why you do not agree with the decision
- You must say **why** you think the decision is wrong. It is not enough to say “I do not agree with the decision” or “The money is not enough”.
- The reasons you should give should be like these examples:
 - “My rent was £75 per week but you have stated it was £35 per week”.
 - “I moved into the property on 1 November not 1 December”.
 - You have used the wrong wages to work out my benefit. I receive “250 only during the Christmas week”.
- If you are appealing against more than one decision, you must say why you do not agree with each one.
- If you are appealing more than one month after the decision was made, you must say why your appeal has been delayed.

Your appeal

- Use this space to say why you do not agree with the decision.
- You must say **why** you think the decision is wrong.
Use BLOCK CAPITALS

- If you need more space, use another sheet of paper. Remember to put your name, address and NI number on any extra sheets of paper.
- **Make sure you have filled in all parts of this form and signed it.**
- Send this form to (ENTER ADDRESS HERE)

alternatively hand it in at your local Customer Service Centre.
- Contact the Benefits Office on (ENTER TEL NO HERE) if you require and further information.

**Local Authority
Use only:
Date stamp**

Your Signature

Your signature

Date

/ /

If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign here.

Their signature

Date

/ /

What to do now

- Make sure you have said on the other page of this form why you do not agree with the decision
- Take or send this form to us
- It will help if you write **Appeal** on the front of the envelope.
- Remember, your appeal must reach the office within **one calendar month** of the date at the top of the letter telling you about the decision.