

HOUSING BENEFIT AND COUNCIL TAX BENEFIT DECISIONS – APPEAL FORM

Pull out this form and fill it in. Then return it to us at the address given on your decision letter.

About you

Title (please circle the right one)

Mr / Mrs / Miss / Ms

Your surname

Your first names

Your date of birth

/ /

Your National Insurance (NI) number

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

Your address

Postcode

Your daytime telephone number

Area Code

Number

Have you arranged for someone to help you with your appeal?

No

Yes Please give their details in the space below

Their full name

Their address

Postcode

Sign this box if you want to authorise someone to act for you

About the decision

Which type of benefit decision do you wish to challenge? (Housing Benefit, Council Tax Benefit or both of these)

Housing
Benefit

Council Tax
Benefit

Both of
these

(please circle the right answer)

What date was the decision made?
(see the letter telling you about our decision)

/ /

About your appeal

- Use the space on the other side of 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”.

About your appeal (continued)

- The reasons you give in the space below 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 received £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. The time limit can be extended if there are **good reasons** for the delay.

Your dispute

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, please use another sheet of paper. Remember to put your name and NI number on any extra sheets of paper.
- **Make sure you have filled in all parts of this form and signed it at the bottom of this section.**
- Take or send this form to:
 - South Holland District Council
 - PO Box 8
 - Priory Road
 - Spalding
 - Lincs PE11 2XQ

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.

Appointee signature Date / /

What to do now

- Make sure you have told us in the space above why you do not agree with the decision.
- Take or send this form to us. Our address is shown in the section above this one.
- Remember, your appeal must reach our office within **one month** of the date at the top of the letter telling you about the decision.