Housing and council tax benefit appeal application 

Complete all parts of this form and sign it. Remember that your form must be sent to us within one month of the date on your decision letter.

About you

Title:

First name:

Last name:

Date of birth:

National insurance number:

Address:

Postcode:

Telephone number:

Email address:

About your representative

Have you arranged for someone to help with your appeal? [ ]  yes [ ]  no

If yes:

Representative’s full name:

Address:

Postcode:

Sign to authorise this person to act on your behalf:

About the decision

Type of benefit:

Date at the top of the letter about this decision:

About your appeal

Use the space provided to tell us why you do not agree with this decision. This box will automatically expand so you can write as much as you need.

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 reason you give should be like these examples:

* My rent was £75 per week but you have stated it is £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 only £250 during the Christmas week.

If you are appealing against more than one decision you must state 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.

Declaration

If someone has been officially appointed to act on your behalf, or someone has the authority to act, they should sign.

Sign and print name:

Date:

Return your completed form to: North Somerset Council, Benefits Service, Town Hall, Walliscote Grove Road, Weston-super-Mare BS23 1UJ.

For official use only

Appeal form issued to customer:

Apply received: