



INVESTOR IN PEOPLE



Housing Benefit and Council Tax Support



Request for an Appeal

Please complete this form if you would like to appeal against a decision on your Housing Benefit or Council Tax Support or both.

Claimant's name:

Partner's name:

Address:

Postcode:

Telephone number:

Benefit reference number:

National Insurance number:

Please state below the decision you are appealing against and if it is a Housing Benefit or a Council Tax Support decision.

What was the date of the decision, as shown on your award letter?

Please tell us why you are appealing against the decision:

Please continue overleaf

Please state below whether you have attached any supporting documents. If so, please state what they are, such as payslips, proof of rent, medical documents.

If you have failed to appeal against the Housing Benefit decision within one calendar month or the Council Tax Support decision within two calendar months of being notified, please state the reasons for the delay. If your reasons are medical, you must supply proof. You need to get our 'Medical Evidence Form', which is available from your local benefit office or customer service centre, and your doctor should complete it.

Declaration: Please read this statement carefully and sign below

All the information I have given is true and complete. I understand that the Council can prosecute anybody who gives false information or documents about their claim or anybody who keeps claiming benefit after their circumstances have changed in a way that would affect whether they would receive benefits. If I have not given true and complete information and I get too much benefit or discount, the Council can ask me to pay it back. I may also be prosecuted under the Social Security Administration Act 1992.

Claimant's name (print):		Claimant's signature:		Date:	
Partner's name (print):		Partner's signature:		Date:	

If someone else has filled in this form for you, please tell us:

The name of the person:					
Their relationship to you:					
Signature of the person:				Date:	

I have checked the form that the above person has filled in for me and believe it is true and complete.

Claimant's signature:		Partner's signature:		Date:	
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Tel: **0191 520 5551** Email: **benefits@sunderland.gov.uk**

Please take the completed form to your local benefit office or Customer Service Centre, or send it by post to:
The Benefits Service, PO Box 103, Civic Centre, Sunderland SR2 7DN