



INVESTOR IN PEOPLE



Housing Benefit and Council Tax Support



Request for a Revision (Reconsideration)

Please complete this form if you would like us to amend your Housing Benefit or Council Tax Support or both from the date of our original decision.

Claimant's name:

Partner's name:

Address:

Postcode:

Telephone number:

Benefit reference number:

National Insurance number:

Please state below the decision that you want us to change:

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

Please tell us why you want us to change 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 not asked for a revision within one calendar month of being notified of the decision, please state the reasons why. Please attach further sheets if necessary.

How we collect and use information

Sunderland City Council has a duty to protect the public funds it administers, and may use the information you have given in this form to prevent and detect fraud and error. For these purposes, Sunderland City Council may also share information with other bodies responsible for auditing or administering public funds.

Declaration: Please read this statement carefully and sign below

All the information I have given is true and complete. I understand that Sunderland City 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, Sunderland City 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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Telephone: **0191 520 5551** E-mail: **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