

Housing Benefit Appeal Submission

(You may also use this form if you are appealing against a Council Tax Benefit Decision up to 31st March 2013. If you are appealing against a Council Tax Support Decision from 1st April 2013 you will need to complete The Council Tax Reduction Scheme Appeal Form issued by the Valuation Tribunal).

Please return this form to: North Norfolk District Council, Benefits Department, Holt Road, Cromer, Norfolk, NR27 9EN

About you

Title (Mr, Mrs, Miss, Ms) National Insurance Number

First Names Surname

Your address including postcode

Daytime phone number (including the code)

Do you have an appointee or representative?
If you do, please give their name and address.

Daytime phone number (including the code)

About the decision you are appealing against

Benefit reference number The date we told about our decision

Have you been given an explanation of the decision? Yes/No

Are you satisfied with this explanation? Yes/No (If you are satisfied with the explanation your appeal will not continue).

Important information – please read

- You must use this form if you do not agree with your Housing Benefit or Council Tax Support and you have already asked us to reconsider the decision.
- Use the space on the other side of the form to say why you do not agree with the reconsideration decision. Include as much detail and relevant information as possible. It is not enough to say 'I do not agree with the decision'.
- If you are filling in this form more than one month from the date we told you about the

reconsideration decision, you will need to say why you are applying late for an appeal.
We will not be able to continue with your appeal unless you have included these reasons.

- Once you have filled in this form you must return it to the Benefits section within one month of the date we told you about reconsideration decision.

Have you asked for a written statement of reasons for the decision you are appealing against?

Yes/No

Are you satisfied with the reasons set out in the statement? If you are please sign below.

Signature

Date

- Use the space below to say why you do not agree with the reconsideration decision.
- You must say why you think the decision is wrong. Use block capitals and black ink.
- If you need more space, use another sheet of paper and make sure you put your name on any extra sheets.

Your reasons for appealing

Signature

Date