



# Housing Benefit and Council Tax Benefit Application for reconsideration



(If you have applied for, or are already getting, Housing Benefit or Council Tax Benefit (or both) and you think our decision is wrong, you will need to fill in this form.)

**Please return this form to: North Norfolk District Council,  
Housing Benefit and Council Tax Benefit Section,  
Holt Road, Cromer, Norfolk, NR27 9EN.**

## About you

Title ( Mr, Mrs, Miss, Ms)

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

First names

Name

Surname

Address and Postcode

National Insurance number

Address and Postcode

Daytime phone number (including the code)

Daytime phone number (including the code)

Their signature

## About the decision for which you are applying for reconsideration

Benefit reference number

The date we told you about the 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 application for reconsideration will **not** continue.)

### Important information - please read

- You must use this form if you do not agree with your Housing Benefit or Council Tax Benefit.
- Use the space on the other side of this form to say why you do not agree.
- Include as much detail and relevant information as possible. It is not enough to say 'I do not agree with the decision' or 'my benefit is not enough'.
- Once you have filled it in, you must return it to our Housing and Council Tax Benefit Section within one month of the date we told you about our decision.
- If you are filling in this form more than one month from the date we told you about the decision, you will need to say why you are applying late. We will not be able to continue with your application unless you have included these reasons.
- Once we have received this form, we will look again at our decision. We will tell you our decision in writing.
- If you are not satisfied with our decision, you have one month from the day after we write to you about the decision to send in an appeal which the tribunal service will look at. You will need to send your appeal to the address at the top of this form.
- During this month, you can ask us for a 'written statement of reasons' which will tell you why we made our decision. **If we cannot change our decision and you would like us to send this statement to you, please make sure you sign the declaration over the page.**

**Office use only**

Dispute reference

The date we issued form DMA1

The date we sent our decision

The date we received the DMA1

Please sign below if we have given you an explanation of our decision and you are satisfied with the reasons we based the decision on.

Please sign below if you would like us to send you a written statement of reasons if we cannot change our decision.

Signature

Signature

- Use the space below to say why you do not agree with the 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 applying for a reconsideration**

**Signature**

**Date**

**DMA1**