



South Bucks

District Council

Housing Benefit/ Council Tax Benefit Appeal

Please complete this form and take or send it to us. The address is at the bottom of the form.

About You

Title

Mr/Mrs/Miss/Ms

Your Surname

All other names

Your Date of Birth

 / /

HB/CTB ref no:

National Insurance (NI) number

Get this from your NI number card, payslips, tax papers or letters from social security.

Your address

 Postcode

Daytime phone number

Have you arranged for someone to help with your appeal ?

Yes

No

If Yes, please give their details

Their full name

Their address

 Postcode

Sign this box to authorise this person to act for you

About the Decision

Please state which decision you
Are Appealing against.

Housing Benefit

Council Tax Benefit

Both

Date of the letter about the decision

About your appeal

- Use the space at the end of this form to say why you do not agree with the decision
- You must say **why** you think the decision is wrong. It is not enough to say "I do not agree with the decision" or "I need more money".
- The reasons you give should be like these examples:
 - "My rent was £75 per week but you have stated it was £35 per week
 - "I moved into the property on 1 July not 1 August"
 - I earn £150 per week but you have stated it was £250 per week
- If you are appealing against more than one decision, you must say 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

Your Signature

Your signature

Date

If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign here.

What to do now

- | | |
|---|---|
| <ul style="list-style-type: none">• Make sure you have said at the end of this form why you do not agree with the decision• Take or send this form to us | <ul style="list-style-type: none">• It will help if you write Appeal on the front of the envelope.• Remember, your appeal must reach our office within one month of the date of the letter telling you about the decision. |
|---|---|

Your Appeal

- Use this space to say why you do not agree with the decision.
- You must say why you think the decision is wrong. Use BLOCK CAPITALS.

HB/CTB Ref No:

- If you need more space, use another sheet of paper. Remember to put your name and NI number on any extra sheet of paper.
- Make sure you have completed all parts of this form and signed it.
- Take or send this form to us within one month of the date of the letter informing you of the decision.

Our Address: Appeals Section
South Bucks District Council
Capswood
Oxford Road
Denham
Bucks
UB9 4LH