

YOUR APPEAL

Title	Mr	Mrs	Miss	Ms
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Your Surname

All Other Names

Your date of birth

/ /

National Insurance Number

Your address

Postcode

Daytime Phone Number

If someone has helped you please give their name and address below

Their full name

Their address

Postcode

Sign this box to authorise this person to act for you.
We will deal with them on your behalf

ABOUT YOUR APPEAL

TELL US ABOUT YOUR APPEAL BY COMPLETING DETAILS IN THE BLANK AREA 'YOUR APPEAL'.

You must say why you think the decision is wrong. It is not enough to say 'I do not agree with the decision' or 'the money is not enough'.

The reasons you give should be like these examples:

- 'My rent was £105 per week but you have stated it was £75 per week'
- I moved into the property on the 1st November not 1st December'
- 'You have used the wrong wages to work out my benefit. I received £250 only during the Christmas 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.

Remember, your appeal must reach our office within one month of the date at the top of the letter telling you about the decision.

ABOUT THE DECISION

Name of benefit	Housing Benefit
Date at the top of the decision letter	

YOUR APPEAL

Use this space to say why you do not agree with the decision. Remember you must say why you think the decision is wrong not just that you disagree with it.

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If you need more space, please use an additional sheet of paper.

YOUR SIGNATURE

Your signature	
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Date	/	/
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If someone has been officially appointed to act for you or someone has the authority to act for you, they should sign in the box below.

Signature	
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Please return the form to:

Revenue Services
Civic Centre
Mansfield
Notts
NG19 7BH