·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

Income and Benefits

Notice of Appeal against a Housing Benefit decision

Use this form to give formal notice of an appeal against a decision we have made on your Housing Benefit. You should use this form where you think we have not applied the law correctly when we have made a decision or you have already asked for a revision, the application has been refused, and you wish to continue with an appeal.

If you want to find out more about a decision use the Statement Of Reasons request form.

1. About the claimant

Title | Mr/Mrs/Miss/Ms

Claimant's name

Claimant's Date of birth | /   /

National Insurance Number

You can find this number on your NI number card, payslips, tax papers or letters from the DWP

Claim address | Current Address (*If different*)

Postcode | Postcode

Daytime phone number

Have you arranged for someone to help you with your appeal?   **Yes**   **No**

Representative's Name

Representative's address

Postcode

Sign this box to authorise this person to act for you

2. Which Benefit decision do you want to appeal against?

Housing Benefit? [　]　　Council Tax Reduction? [　]　　Both? [　]

Date of the decision [　　/　　/　　]

The date of the decision is on the letter or computer notice we sent to tell you of the decision. If you do not have the decision notice give as much information as you can about the decision.

3. Why do you think the decision is wrong?

Please explain why you think the decision is wrong. You should also explain what you think we should do to correct the decision. Where possible you should support your request with proof.
You can add another page to this form if you need more space to say what you want.

4. If more than one month has passed since the date of the decision

Please explain why you could not make your request within one month of the date of the decision. Please note that if more than a month has passed we may not be able to accept the appeal.

5. Your signature

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.

Representative [　　　　　　　　　　]

6. What to do now

Send this form to :
The City of Edinburgh Council, PO Box 17185, Edinburgh, EH14 2TB