

Your appeal

Fill in this form and take or send it to the **Benefits Section**.

You can remove the form and keep the leaflet if you want to.

About you

Title (Mr, Mrs, Miss, Ms)

Your surname

All other names

Your date of birth

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 you with your appeal? No Yes

Please tell us their name and address.

Their full name

Their address

| |
|----------|
| |
| |
| Postcode |

Sign this box to give this person permission to act for you.

| |
|--|
| |
|--|

About the decision

Name of the benefit or benefits

| |
|--|
| |
|--|

Date at the top of the letter about the decision

| | | |
|--|--|--|
| | | |
|--|--|--|

About your appeal

- Use the space on page 4A 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 'The money is not enough'.
- The reasons given should be like these examples.
 - 'My rent was £75 a week but you have said it was £35 a week.'
 - 'I moved into the property on 1 November, not 1 December.'
 - 'You have used the wrong wages to work out my benefit. I only received £250 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.

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

Your signature

| |
|--|
| |
|--|

Date

| | | |
|--|--|--|
| | | |
|--|--|--|

What to do now

- Make sure you have said on the following page why you do not agree with the decision.
- Take or send this form to the Benefits Section of your local authority.
- Remember that your appeal must reach our office within one month of the date at the top of the letter telling you about the decision.

Your appeal

Use the space on the following page to say why you do not agree with the decision and use extra sheets of paper if you have to.

You must say why you think the decision is wrong and provide supporting evidence where possible.

Use BLOCK CAPITALS.

- If you need more space, use another sheet of paper. Remember to put your name and NI number on any extra sheets of paper.
- Make sure you have filled in all parts of this form and signed it.
- Please take it or send it to the Benefits Section of your local authority.

| |
|--|
| |
|--|

For our use

Appeal form issued
to customer

| | | |
|--|--|--|
| | | |
|--|--|--|

Appeal received

| | | |
|--|--|--|
| | | |
|--|--|--|

Appeal received at
sector office

| | | |
|--|--|--|
| | | |
|--|--|--|

Invoice number

| |
|--|
| |
|--|