

Housing Benefit /Council Tax Support Appeal



Ref:

Name

Address

Date of birth

Daytime telephone number

Have you arranged for someone to help you with the appeal?

No

Yes

Please tell us their name and address below

Name

Address

Sign this box to authorise this person to act as you

About the decision

Which benefits are you appealing against?

Date at the top of the letter concerning the decision

Your appeal

Please use the space below and over the page to say why you do not agree with the decision. You must say why you think the decision is wrong. It is not enough just to say, "I don't agree with the decision" or "the money is not enough" – you must give us a full explanation. If you are appealing against more than one decision, you must say why you disagree with each individual decision.

Please turn over

Your signature

Signature

Date

Appeals must be made within **one month** of the date of the letter telling you about the decision. Please remember to put your name and reference on any additional pages you use. Make sure that you have completed all parts of the form and that you sign it before you return it and any evidence to

Revenues & Benefits Services, BCP Council, St Stephens Road, Bournemouth, BH2 6EB