

Use this form only if you wish to appeal. Please answer every question.

Housing Benefit Appeal

Please send this form to: The Benefit Service, PO Box 8267, Birmingham, B4 7XF

I wish to appeal against your decision (please tick this box)

Title

Your surname

Other names in full

National Insurance number

Your address

Telephone number

If you have arranged for someone to help you, please give their name and address

Sign this box to authorise this person to act for you

Housing Benefit Claim Reference Number

Use this page to tell us which Benefit Service decision you are appealing against and why you do not agree with the decision. It is not enough to say "I do not agree with the decision" or "the benefit is not enough"; you must say why you think the decision is wrong otherwise your appeal may not be heard by a tribunal.

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 at the top of the letter telling you about the original decision.

If you are appealing more than one month after the decision was made, you **must** say why your appeal has been delayed.

Date of decision you are appealing:

The reasons why I think the decision is wrong are:

If you need more space, use another sheet of paper.

Your signature

Date