

# **Appeals and Review Form**

# Do you disagree with a Housing Benefit or Council Tax Support decision?

There are separate processes for Housing Benefit and Council Tax Support.

Council Tax Support (CTS) - what to do if you disagree with a decision Write to us and ask for a detailed statement as to how we arrived at the decision.

Write to us asking for the decision to be reconsidered to take into account the reasons why you disagree with the decision.

We will look at your claim again and write to you within two months. If we do not change the decision in your favour, or after two months, you can appeal online to the Valuation Tribunal.

You cannot appeal against our actual scheme, only on how we have applied our scheme to your circumstances.

Housing Benefit (HB) - what to do if you disagree with a decision Write to us and ask for a detailed statement as to how we arrived at the decision.

Write to us asking for the decision to be reconsidered to take into account the reasons why you disagree with our decision.

Write to us appealing against the decision on a Benefit Appeals Form explaining the reasons why you disagree with the decision. Make sure that you sign the form. If we cannot change the decision, we will send details of the appeal to the Tribunals Service. The tribunal does not have to look at anything you do not mention

If you want to go ahead, you should complete this form and return it to us at **PO Box 542**, **Sale**, **M33 0GD** within 1 calendar month of the date of your decision letter.

## Where to get more information and advice

If you need more information or advice you can:

Visit our website at www.trafford.gov.uk

Phone: 0161 912 2220Minicom: 0161 912 2102

Email: <u>benefits@trafford.gov.uk</u>Call into one of our offices/libraries



# Housing Benefit and Council Tax Support Review / Housing Benefit Appeal form

Part 1: About you						
Surname or family name						
Other names						
N. C Usanasaa Nimakaa						
National Insurance Number						
Address and postcode						
Phone number						
Part 2: About your review of	or appeal					
Please tell us what you want to do at this stage?						
I want you to look at the decision again Please go to <b>Part 3</b>						
I want to make a formal appeal to the Tribunals Service Please go to <b>Part 4</b>						
Part 3: If you want us to rev	view vour decision					
Please tell us which decision you would like us to look at again. If you want us to look at more than one decision, you must say why you do not agree with each one.						

What is the date on our letter that gave this decision?	/ /							
Why do you think our decision is wrong?								
Please give full details in the box below. Once you have completed th part 5.	is please go to							
For example:								
<ul> <li>'you have used the wrong wages to work out my benefit. I only received £250 net pay per week for the first week in December.'</li> </ul>								
<ul> <li>'my adult son moved out on the 8<sup>th</sup> April 2009 but you have included him in my assessment.'</li> </ul>								
Part 4: If you want to appeal against our decision								
Please tell us which decision you would like to appeal against. If you against more than one decision, you must say why you do not agree w								

W	hy do you think our decision is wrong?
PΙ	ease give full details. For example:
•	'You have said I have £14,000 in savings but I only have £7,000'
•	'I have received a letter from you saying I have been overpaid because I move out on the 9 <sup>th</sup> September 2009, but I only moved out on the 9 <sup>th</sup> October 2009.'
L	
Pa	rt 5: Late requests
Yo fo	ou normally have one calendar month from the date on your decision letter to a review or an appeal. If more than a month has gone by since the date of the cision please say why you were unable to ask for a review or appeal in time.
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# If you have a representative such as a relative, advice worker or solicitor, who you want to act on your behalf, please provide their details below, otherwise please go to part 7. Surname or family name Other names Address and postcode Phone number Part 7: Declaration

- I declare that the information I have given on this form is correct and complete as far as I know and believe.
- I agree that you may check any information I have given or any proof sent with this form.

Your signature				
Date	/	/		

### What to do next

We aim to deal with your request within 28 days. Please take this form to any of our offices or post it to us at:

PO Box 542 Sale M33 0GD