



APPEAL AGAINST HOUSING OR COUNCIL TAX BENEFIT

| | |
|-------------------------------------|--|
| Title | |
| Family name | |
| Given names(s) | |
| Address | |
| Postcode | |
| Your date of birth | |
| National Insurance number | |
| Daytime telephone number | |
| Your benefit claim reference number | |

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

If YES, please give:

| | |
|--|--|
| Their full name | |
| Their address | |
| Their postcode | |
| Please sign here to authorise this person to act for you | |

Name of benefit or benefits (please tick)

Housing benefit

Council tax

Date of the decision letter you are appealing against

About your appeal

Use the space on this form to say why you do not agree with the decision. You must say why you think the decision is wrong and you should give clear reasons for your appeal.

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

Reasons for appeal (continue on a separate sheet if required)

DECLARATION

Signed **Date**

**This completed form should be returned to:
Medway Revenues and Benefits Service, Civic Centre, Strood, Rochester, Kent M2 4AU**