

Sheffield City Council Housing Benefit and/or Council Tax Support

Appeals Form

Your Appeal - Complete this form and take or send it to us at the following address:

**The Benefits Service
PO Box 1310
Sheffield S1 1UY**

About You

Title

Mr/Mrs/Miss/Ms

Your Surname

All other names

Your Date of Birth

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Your reference number (you can get this from your Benefit notification letter).

Your address

Postcode

Daytime phone number

Have you arranged for someone to help with your appeal? Yes

No

If Yes, please give their details below

Their full name

Their address

Postcode

Sign this box to authorise this person to act for you

About the Decision

Please state which decision you are appealing against.

Housing Benefit

Council Tax Support

Both

Date of the letter about the decision

Please enclose a copy of the letter, if possible.

About your appeal

- Use the space at the end of this form 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 "I need more money".
- The reasons you give should be like these examples:
 - "My rent was £75 per week but you have stated it was £35 per week
 - "I moved into the property on 1 July not 1 August"
 - I earn £150 per week but you have stated it was £250 per 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

Your Signature

Your signature

Date

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

What to do now

- Make sure you have said at the end of this form why you do not agree with the decision
- Take or send this form to us

- It will help if you write Appeal on the front of the envelope.
- Remember that
- your appeal must reach our office within one month of the date of the letter telling you about the decision.

Your Appeal

- Use this space to say why you do not agree with the decision.
- You must say why you think the decision is wrong.
- Please use Black ink and write in BLOCK CAPITALS.

Benefit Ref No:

- If you need more space, use another sheet of paper. Remember to put your name and Benefits reference number on any extra sheet of paper.
- Make sure you have completed all parts of this form and signed it.
- Take or send this form to us within one calendar month of the date of the letter informing you of the decision.

Our Address:

**Appeals Section
The Benefits Service
PO Box 1310
Sheffield S1 1UY**