



Elmbridge Borough Council Benefits Service

Disputes & Appeals Form

Use this form to ask for an explanation of a decision, to ask us to look at your Housing benefits decision again or to appeal against a decision

About You

Your benefits reference number (if you know it):

Your name:

You address:

Postcode

Your National Insurance Number:

Daytime telephone number:

Have you arranged for someone to help you with your appeal (tick ✓)?

Yes

No

If Yes, give their full name:

Their address:

Postcode

Please sign here to authorise this person to act for you:

About the Decision

What is the date at the top of the decision letter?

NB You must appeal directly to the Valuation Office if you disagree with your Council Tax Support decision.

www.valuationtribunal.gov.uk

If you think our decision is wrong, you have three options. Please tick the one that applies to you: -

- I would like a written explanation of your decision (Statement of Reasons)
- I would like you to look at your decision again (Revision)
- I would like to make an appeal to The Tribunals Service

Use the space on the other side 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 *"The money is not enough"*.

The reasons you give should be like these examples: -

- "My rent was £75 per week, but you have stated that it was £35 per week", or
- "I moved into the property on 1 November not 1 December", or
- "You used the wrong wages to work out my benefit. I only received £250 during Christmas 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.

now turn over the page

Your benefits reference number (if you know it):

Your name:

Your address:

Your Reasons

Use this space to say why you do not agree with the decision. You must say **why** you think the decision is wrong. Use **BLOCK CAPITALS** and continue on another sheet if you need do.

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 **why** you do not agree with the decision
- If you need more space, use another sheet of paper. Remember to put your name and Benefits Reference Number on any extra sheets of paper
- **Make sure you have filled in all parts of this form and signed it**
- Take or send it to the Benefits Service at the address below. It will help if you write '**Appeal**' on the envelope
- Remember, your appeal must reach our office within **one month** of the date at the top of the letter containing the decision that you are appealing against

Remember to sign and date the form and return it to:

Benefits Service, Elmbridge Borough Council, Civic Centre, High Street, Esher, Surrey KT10 9SD

For office use:

Appeal form issued to customer:	Web Form	Late Appeal?	Yes / No
Decision notice issued:	/ /		
Appeal received:	/ /		