



APPEALS APPLICATION FORM

TITLE:

SURNAME:

OTHER NAMES:

ADDRESS:

DATE OF BIRTH:

**NATIONAL INSURANCE
NUMBER:**

**WHAT TYPE OF BENEFIT
ARE YOU APPEALING
AGAINST?**

Housing Benefit Council Tax

Both Housing/Council Tax Benefit

**PLEASE CONFIRM THE
PERIOD YOU ARE
APPEALING AGAINST:**

**PLEASE CONFIRM WHAT
YOU ARE APPEALING
AGAINST:**

**PLEASE GIVE THE FULL REASON FOR YOUR APPEAL (EXPLAINING WHY
YOU THINK THE DECISION IS WRONG)**
