

# Housing Benefit and Council Tax Reduction Appeal form



**ORKNEY**  
ISLANDS COUNCIL

You should only complete this form if you wish to appeal against your Housing Benefit and/or Council Tax Reduction.

## Part 1 About you

Last name

Other names

Title

Mr, Mrs, Ms etc

Address

  
  
  
 Postcode

Date of birth

 /  / 

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

National Insurance number

Your daytime telephone number

Have you arranged for someone to help with your appeal?

No  Go to **Part 2**

Yes  Please give their name and address

Their full name

Their address

  
  
  
 Postcode

Sign this box to authorise this person to act for you.

## Part 2 About the decision

Name of benefit you wish to appeal against.

Please tick

Housing Benefit

Council Tax Reduction

Both

Date of decision being appealed against.

 /  / 

This can be found at the top of the letter about the decision.

**Part 3 About your appeal**

Use this box to tell us why you do not agree with the decision.

You must tell us **why** you think the decision is wrong. It is not enough to say 'I do not agree with the decision' or 'The benefit is not enough'.

If you have appealed against more than one decision, you must say why you do not agree with each one.

Are you appealing more than one month after the decision was made?

No

Yes  Please tell us why your appeal has been delayed.

**Part 4 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

**Part 5 What to do now**

- \* Make sure you have signed this form
- \* Take or send this form to The Benefits Section, Corporate Services, Orkney Islands Council, Council Offices, Kirkwall KW15 1NY