

(Phone calls may be recorded)

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<http://www.midsussex.gov.uk/revsandbens>

## APPEAL FORM

### About You

Title	
Surname	
Forename	
Date of Birth	/ /
National Insurance Number	
Address	
Postcode	
Daytime Phone Number (inc. area code)	
Email Address	
Have you arranged for someone to help you with your appeal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Their Full Name	
Their Full Address	
Postcode	
Sign this box to authorise this person to act on your behalf	

### About the Decision

Your Benefit Claim Number	
Benefit Type	Housing Benefit Only <input type="checkbox"/> Council Tax Benefit Only <input type="checkbox"/> Housing & Council Tax Benefit <input type="checkbox"/> Overpayment <input type="checkbox"/>
Date of the decision notification letter	/ /

## About your Appeal

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 “you do not agree with the decision” or that “you are not getting enough benefit”.
- If you are appealing against more than one decision, you must say why you do not agree with each one separately.
- If you are appealing more than one month after the decision is made, you must say why your appeal has been delayed.
- If you need more space, use another sheet of paper but please remember to put your name and benefit claim number on any extra sheets used.
- Make sure you have filled in all parts of this form and have signed it.

**Use this space to say why you do not agree with the decision**

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<b>Your Signature</b>	
<b>Date</b>	
<b>Signature of Appointee (if applicable)</b>	
<b>Date</b>	