

**APPOINTEE APPLICATION FORM**

I hereby give permission for the person named below, to be appointed to act on my behalf regarding all matters relating to my Housing Benefit/Council Tax Support claim.

The reason I am unable to act for myself is

**Appointee details:**

Title

First Name

Surname

Address

Town Post code

Email Address

Contact Telephone Number

Signed (You) Date

Signed (Appointee) Date

**Your details:**

Title

First Name

Surname

Address

Town Post code

Email Address

Contact Telephone Number

Housing Benefit/Council Tax Support Reference Number

Would you also like all correspondence to be sent to your appointee at their address rather than to you at your address? Please delete as appropriate. Yes/No