

Council Tax Reduction Scheme

Application for a Review of a decision

Use this form if you disagree with a decision we have made on your Council Tax Reduction.

This form cannot be used to;

dispute a Housing Benefit award or overpayment, or

apply for a review of decision as to who is liable to pay Council Tax or the amount of any variation in the Council Tax charge.

Section 1 – GENERAL DETAILS

Please provide details of your Council Tax account

Council Tax Account Reference

Council Tax Reduction Decision Date

This is the date of the decision notice that told you about the decision you wish to be reviewed

Property address

Postcode

Now go to Section 2 →

Section 2 – ABOUT YOU

Title

Mr/Mrs/Miss/Ms

Full name

Date of birth

 / /

National Insurance Number

You can find this number on your NI number card, payslips, tax papers or letters from the DWP

Email Address

Daytime phone number

Mobile phone number

Now go to Section 3 →

Section 3 – ABOUT YOUR REPRESENTATIVE (IF YOU HAVE ONE)

If you want you can use the services of a representative (such as Citizens Advice, a solicitor or if someone holds a Power of Attorney or a court order for the applicant.

Is the representative helping you with this application?

Yes If Yes, please tell us about the person below

No If No, please go to Section 4

Title

Mr/Mrs/Miss/Ms

Full name

Representative's Name

Name of organisation

Address

Postcode

Email Address

Daytime phone number

Mobile phone number

Organisational Reference (if applicable)

Profession (if applicable)

Now go to Section 4 →

Section 4 – ABOUT YOUR APPLICATION FOR REVIEW

In this section we need to know why you are applying for a review. Please write down in your own words the reasons why you disagree with your Local Authority's Council Tax Reduction decision. You do not have to use BLOCK CAPITALS in this section if your handwriting is clear. If you do not complete this section this will delay dealing with your review and the application form may be returned to you.

(if necessary, continue on a separate sheet)

Now go to Section 5 →

Section 5 – YOUR SIGNATURE

You must sign your review form for it to be valid. If you have named a representative in Section 3, your signature will also give the CTRRP your authority to deal with them when they contact us on your behalf.

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...

Representative

Section 6 – WHAT TO DO NOW

Send this form to :

**The City of Edinburgh Council,
PO Box 17185,
Edinburgh
EH14 2TB**