

Income and Benefits

Request for a Revision of a Housing Benefit decision

Use this form to ask for a revision of a decision we have made on your Housing Benefit. You should use this form where you think we do not have the correct information or you think we have made the wrong decision.

If you want to find out more about a decision use the Statement Of Reasons request form.

If you have already asked for a revision, have been told of the outcome and you still disagree you should use the Notice of Appeal form.

1. About the claimant

Title

Mr/Mrs/Miss/Ms

Claimant's name

Claimant's Date of birth

/ /

National Insurance Number

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

Claim address

Current Address (*If different*)

Postcode

Postcode

Daytime phone number

Have you arranged for someone to help you with your appeal?

Yes

No

Representative's Name

Representative's address

Postcode

Sign this box to authorise this person to act for you

2. Which Benefit decision do you want to appeal against?

Housing Benefit?

Council Tax Reduction?

Both?

Date of the decision

/ /

The date of the decision is on the letter or computer notice we sent to tell you of the decision. If you do not have the decision notice give as much information as you can about the decision.

3. Why do you think the decision is wrong?

Please explain why you think the decision is wrong. You should also explain what you think we should do to correct the decision. Where possible you should support your request with proof.

You can add another page to this form if you need more space to say what you want.

4. If more than one month has passed since the date of the decision

Please explain why you could not make your request within one month of the date of the decision. Please note that if more than a month has passed we may not be able to accept the appeal.

5. Your signature

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

6. What to do now

Send this form to :

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