

Housing Benefit Appeal Form

**If you think your Housing Benefit is wrong -
Complete this form and take or send it to:
The Benefit Section, Civic Centre,
Swansea. SA1 3SN**

Financial Services
Department,
The Civic Centre,
Oystermouth Road,
Swansea, SA1 3SN.
www.swansea.gov.uk
01792 635353

Mae'r ffurflen hon ar gael yn Gymraeg o Ganolfan Ddinesig
This form is also available in large print from the Civic Centre

About you

| | | |
|--------------------------------|---|-------------------------------------|
| Title | <input type="text" value="Mr/Mrs/Miss/Ms"/> | |
| Your surname | <input type="text"/> | |
| Your other names | <input type="text"/> | |
| Your address | <input type="text"/> | |
| | <input type="text"/> | |
| | <input type="text" value="Postcode"/> | |
| Daytime phone number | <input type="text" value="Code"/> | <input type="text" value="Number"/> |
| Email address | <input type="text"/> | |
| Your date of birth | <input type="text" value="/ /"/> | |
| National Insurance (NI) number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

*Get this from your NI number card, payslips,
tax papers or letters from social security.*

If you are the landlord, agent or appointee for the claimant, please give details of the claimant below.

| | |
|--|---|
| Title | <input type="text" value="Mr/Mrs/Miss/Ms"/> |
| Claimant's name | <input type="text"/> |
| Claimant's address when they were your tenant. | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text" value="Postcode"/> |

Croesewir gohebiaeth yn y Gymraeg. Caiff unrhyw ohebiaeth a dderbynnir yn Gymraeg ei hateb yn y Gymraeg ac ni fydd hyn yn arwain at oedi.

We welcome correspondence in Welsh. Correspondence received in Welsh will be answered in Welsh and this will not lead to a delay.

About the decision

Tick which decision(s) you don't understand or disagree with:

- ☐ Housing Benefit
- ☐ Discretionary Housing Payments
- ☐ Rent Officer Valuations

Date at the top of your decision letter.

/ /

Claim/Reference number on letter.

/ /

If this form will not reach the Benefit Section by one calendar month of the decision date given above, were there special circumstances that stopped you from asking about the decision within that calendar month. If so, please give details:

Explanation

Would you like us to give you more information about the decision?

- ☐ Yes
- ☐ No

If Yes, please tick how you want us to give you the information in one of the boxes below:

- ☐ Telephone. *Please tell us below if any time is unsuitable.*
- ☐ Office Interview. *We will phone or write to you to arrange a time.*
- ☐ Letter/Statement of Reasons

If you want an interview but are unable to attend the office because of ill health, we may be able to visit you at home or make other arrangements to explain the decision. If this is the case, please tell us why you are unable to attend the office.

To help us with your enquiry, please tell us what you would like us to explain.

If you don't need an explanation but disagree with the decision

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

☐ No ☐ Yes (Please give their full name and address)

Their full name

Their address

Postcode

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

Your Privacy

Swansea Council is the data controller for the personal information you provide on this form. Your information will be used in the exercise of our official authority and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law. This is explained in more detail on the Revenues and Benefits web page www.swansea.gov.uk/RevsandBenspersonalinfo.

Data protection law describes the legal basis for our processing your data as necessary for the performance of a public task. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate privacy notice on our website www.swansea.gov.uk/privacynotice.

Declaration

Please read this declaration carefully before you sign and date it.

I declare:

- That the information I have given on this form is correct and complete to the best of my knowledge.
- If I have been unable to answer a question because I am waiting for information, I have noted this on the form and will send the details to you when I receive them.
- I understand the Council will make any necessary enquiries to verify the information on this form.
- I understand the Council will cross check the information I have given with other sections within the Council, Rent Officer Service, other Councils and Benefit Authorities.
- I understand that I may be required to submit further personal information in support of my appeal, this information will be subject to the same rules of privacy contained in "Your Privacy".
- I understand that if I give information that is incorrect or incomplete or fail to report, promptly or otherwise, any changes which might affect my Housing Benefit I may be prosecuted.
- I understand that if the details given on this form change and too much Housing Benefit is awarded this will have to be recovered.
- I understand that the Council will use the information and evidence I have provided to consider my Appeal, these details can also be used for any local reduction, service or benefit that the Council administers. The Council may give information to other government organisations or external bodies, if the law allows this.
- If the information on this form is used for a Social Care financial assessment, I agree to pay my contribution including any backdated amount that becomes due following a change in my circumstances.
- I have read and understood "Your Duties" and "Your Privacy"
- I have read and understood this declaration.

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.

What to do now

- Make sure you have said below why you do not agree with the decision.
- Take or send this form to us.
- Remember, your appeal must reach our office within one calendar month of the date at the top of the letter telling you of our decision.

Why you disagree with the decision

- Use this space to say why you do not agree with the decision.
- You must say why you think the decision is wrong.
- If you want to appeal to an Independent Tribunal from the outset tick this box ☐.

- If you need more space, use another sheet of paper. Remember to put your name and address on any extra sheets of paper.
- Make sure you have filled in all parts of this form and signed it.

Take or send this form to The Benefit Section, Civic Centre, Swansea. SA1 3SN
Or once completed scan and email to benefits@swansea.gov.uk