

# This is my request for a written explanation, reconsideration or appeal tribunal hearing

Please complete these fields in block capitals.

Title (Mr/Mrs/Miss/Ms etc)

Surname

First name(s)

Address

Postcode

Date of birth (dd/mm/yy)

/ /

Telephone number

Email address

National Insurance number

Letters Numbers Letter

Housing benefit/council tax benefit reference number

Council tax account number

Please tick **one** of the following boxes only

Please send me a written explanation of your decision

Please reconsider your decision

Please forward my claim to the appeals tribunal

The date of the decision that my request refers to is  
(you can find this information at the top of your notification letter)

If you are completing this form on behalf of the customer, please provide the following

Your name

Address

Postcode

Telephone number

Email address

Relationship to customer (son/daughter/mother/father/solicitor etc)

Please continue overleaf

Please explain the reasons for your request here. You must give as much detail as you possibly can. You should provide documentary evidence in support of your application.

## Declaration

**Even if someone else has filled in this form for you, you must sign this declaration.**

- I declare that the information I have given on this form is correct and complete
- I understand that if I give information that is incorrect or incomplete, you may take action against me. This may include court action
- I agree that you will use the information I have provided to process my claim for housing benefit or council tax benefit, or both. You may check some of the information with other sources as allowed by the law
- I understand that you may use any information I have provided in connection with this and any other claim for social security benefits that I have made or may make. You may give some information to other organisations, such as government departments, local authorities and private sector companies such as banks and organisations that may lend me money, if the law allows this
- I know that I must let you, my council, know in writing about any change in my circumstances which might affect my claim

**Customer's signature**

**Date**

**If you have completed this form on the customer's behalf**

**Your signature**

**Date**

**Please return this form to**

Southwark Council, PO Box 68763, London SE1P 4DJ

You can also hand this form in with your evidence, at any of our neighbourhood offices