

Your Appeal **Form AP01**

Please complete this form and return it to us – remember your appeal must be received by the Council within one month of the decision being sent to you.

Your surname

Your first name(s)

Your date of birth

National Insurance (NI) number

Your address

Daytime phone number:

Have you arranged for someone to help you with your appeal? No
 Yes

Their full name

Their address

Sign this box to authorise this person to act for you

About Your Appeal

Use the space on the other side of this form to say why you do not agree with the decision. You must say **why** you think the decision is wrong – the reasons you give should be like these examples:

- My rent was £75 per week but you have stated it was £35 per week.
- I moved into the property on 1 November not 1 December.
- You have used the wrong wages to work out my benefit. I received £250 only during the Christmas week.

If you are appealing against more than one decision, you must say why you do not agree with each one. If you are appealing more than one month after the decision was made, you must say why your appeal has been delayed.

Your Appeal

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

Your 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. _____