

## Request for reconsideration

If you have applied for, or are already getting Housing Benefit and/or Council Tax Support and you think our decision is wrong you will need to fill in this form.

Please return this form to: North Norfolk District Council, Benefits Department, Holt Road, Cromer, Norfolk, NR27 9EN

Title (Mr, Mrs, Miss, Ms)  National Insurance Number

First Names  Surname

Your address including postcode

Daytime phone number

Do you have an appointee or representative?  
If you do, please give their name and address

Appointee daytime phone number

### About the decision you are asking to be reconsidered

Benefit reference number  The date we told about our decision

Have you been given an explanation of the decision?  Yes/No Are you satisfied with this Explanation?  Yes/No

(If you are satisfied with the explanation your application for reconsideration will not continue)

## Important information – Please read

- ❑ You must use this form if you do not agree with your Housing Benefit or Council Tax Support.
- ❑ Use the space on the other side of this form to say why you do not agree.
- ❑ Include as much detail and relevant information as possible. It is not enough to say 'I do not agree with the decision' or 'my benefit is not enough'.
- ❑ Once you have filled it in, you must return it to our Benefits Section within one month of the date we told you about our decision.
- ❑ If you are filling in this form more than one month from the date we told you about the decision, you will need to say why you are applying late. We will not be able to continue with your application unless you have included these reasons.
- ❑ Once we have received this form, we will look again at our decision. We will tell you our decision in writing.
- ❑ If you are not satisfied with our Housing Benefit or Council Tax Support Decision, you have one month from the day after we write to you about the decision to send in an appeal which the Tribunal Service will look at. You will need to send you appeal to the address at the top of this form.
- ❑ If you are not satisfied with our Council Tax Support Decision you can appeal against this decision which the Valuation Tribunal will look at. You can send you appeal to the address at the top of this form.
- ❑ You can ask us for a 'written statement of reasons' which tell you why we made our decision. **If we cannot change our decision and you would like us to send this statement to you, please make sure you sign the declaration below.**

Please sign below if we have given you an explanation of our decision and you are satisfied with the reasons, we have based the decision on.

Please sign below if you would like us to send you a written statement of reason if we cannot change our decision.

Signature

Signature

Use the space below to say why you do not agree with the reconsideration decision. You must say why you think the decision is wrong. Use block capitals and black ink. If you need more space, use another sheet of paper and make sure you put your name on any extra sheets.

**Your reasons for applying for a reconsideration**

**Signature**

**Date**