



Housing Benefit and Council Tax Benefit Appeal submission



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

**Please return this form to: North Norfolk District Council,
Housing Benefit and Council Tax Benefit Section,
Holt Road, Cromer, Norfolk, NR27 9EN.**

About you

Title (Mr, Mrs, Miss, Ms)

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

First names

Name

Surname

Address and Postcode

National Insurance number

Address and Postcode

Daytime phone number (including the code)

Daytime phone number (including the code)

Their signature

About the decision for which you are appealing against

Benefit reference number

The date we told you 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 appeal will **not** continue.)

Important information - please read

- You must use this form if you do not agree with your Housing Benefit or Council Tax Benefit and have already asked us to reconsider the decision.
- Use the space on the other side of this form to say why you do not agree with the reconsideration decision.
- 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'.
- If you are filling in this form more than one month from the date we told you about the reconsideration decision, you will need to say why you are applying late for an appeal. We will not be able to continue with your appeal unless you have included these reasons.
- Once you have filled in this form, you must return it to our Housing and Council Tax Benefit Section within one month of the date we told you about our reconsideration decision.
- Once we have received this form, we will send it to the Tribunal Service and send you a copy.

Office use only

Dispute reference

The date we issued form DMA2

The date we sent our decision

The date we received the DMA2

Have you asked for a written statement of reasons for the decision you are appealing against?

Are you satisfied with the reasons set out in the statement? If you are, please sign below.

Yes

No

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 appealing

Signature

Date

DMA2