

Housing Benefit and Council Tax Benefit Disputes and Appeals form

Use this form to ask for an explanation of a decision, to ask the Council to look at a benefits decision again or appeal to the Tribunals Service.

<p>For office use</p> <p>Claim reference number :</p> <p>Received on:</p>
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About You

Title	<input style="width: 95%;" type="text" value="Mr/ Mrs/ Miss/ Ms"/>												
Your surname	<input style="width: 95%;" type="text"/>												
Your first names	<input style="width: 95%;" type="text"/>												
Your date of birth	<input style="width: 60%; text-align: center;" type="text" value=" / /"/>												
Your National Insurance Number	<table style="border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												

Your address	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text" value="Postcode"/>

Your daytime telephone number	<input style="width: 95%;" type="text"/>
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Have you arranged for someone to help you with your appeal?

No Please tick ✓
 Yes Please give their details below:

Their name

Their address	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text"/>
	<input style="width: 98%;" type="text" value="Postcode"/>

Please sign here to authorise this person to act for you

About the decision

Please tell us the type of benefit decision you wish to challenge Please tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Housing Benefit</td> <td style="text-align: right; padding: 5px;"><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Council Tax Benefit</td> <td style="text-align: right; padding: 5px;"><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Both of these</td> <td style="text-align: right; padding: 5px;"><input style="width: 40px; height: 20px;" type="checkbox"/></td> </tr> </table>	Housing Benefit	<input style="width: 40px; height: 20px;" type="checkbox"/>	Council Tax Benefit	<input style="width: 40px; height: 20px;" type="checkbox"/>	Both of these	<input style="width: 40px; height: 20px;" type="checkbox"/>
Housing Benefit	<input style="width: 40px; height: 20px;" type="checkbox"/>						
Council Tax Benefit	<input style="width: 40px; height: 20px;" type="checkbox"/>						
Both of these	<input style="width: 40px; height: 20px;" type="checkbox"/>						

What date was the decision made (see our letter)

If you think the decision we have made is wrong, you have three options. Please tick ✓ the one that is relevant to you:

- I would like a written explanation of your decision
- I would like you to look at the decision again
- I would like to make an appeal to the Tribunals Service

Use the space below to tell us why you do not agree with our decision. You must tell us **why** you think the decision is wrong. It is not enough to say "I do not agree with the decision" or "The money is not enough".

The reasons you give should be like these examples:

- "My rent was £80.00 per week, but you have stated that it was £40.00 per week" or;
 - " I moved into the property on the 1st October, not the 1st of November", or;
 - "you have used the wrong wages to work out my benefit. I received £250.00 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 making your appeal more than one month after the decision was made, you must explain why your appeal has been delayed.

Your dispute

Use the space below to tell us why you do not agree with the decision. Use **BLOCK CAPITALS**. You must tell us **why** you think the decision is wrong. If you need more space, use an extra sheet of paper.

Your Signature * If someone has been officially appointed to act for you, they should sign here.

Date

What to do now

- Remember to make sure that you have told us **why** you do not agree with the decision.
- Make sure that you have filled in **all** parts of the form and **signed it**.
- Remember, your appeal must reach our office within **one month** of the date on the top of our letter telling you about the decision.

Send the completed form to:

Denbighshire County Council, Benefits Department, Russell House, Churton Road, Rhyl, Denbighshire, LL18 3DP

Ffurflen Anghydfod ac Apeliadau Budd-daliadau Tai a Threth Cyngor

Defnyddiwch y ffurflen hon i ofyn am esboniad ar benderfyniad, i ofyn i'r Cyngor edrych eto ar benderfyniad budd-dal neu i apelio at Wasanaeth y Tribiwnlysoedd.

Amdanoch Chi

Teitl

At ddefnydd swyddfa

Cyfeirnod y cais:

Derbyniwyd ar:

Mr/ Mrs/ Miss/ Ms

Eich cyfenw

Eich enwau cyntaf

Dyddiad geni

Rhif Yswiriant Cenedlaethol

Eich cyfeiriad

Rhif ffôn yn ystod y dydd

Ydych chi wedi trefnu i rywun eich helpu gyda'ch apêl?

Eu henw

Eu cyfeiriad

Llofnodwch yma i awdurdodi'r person i weithredu ar eich rhan

Ynglŷn â'r penderfyniad

Pa fath o benderfyniad budd-dal yr hoffech ei herio
Ticiwch ✓

Beth oedd dyddiad y penderfyniad (gweler ein llythyr)

At ddefnydd swyddfa
Cyfeirnod y cais:
Derbyniwyd ar:

Mr/ Mrs/ Miss/ Ms

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	Cod Post

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Na Ticiwch ✓

Do Rhowch eu manylion isod

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	Cod Post

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Budd-dal Tai

Budd-dal Treth Cyngor

Y ddau yma

	/		/	
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Os credwch fod ein penderfyniad yn anghywir, mae gennych dri dewis. Ticiwch ✓ yr un sy'n berthnasol i chi:

- Hoffwn esboniad ysgrifenedig ar eich penderfyniad
- Hoffwn i chi edrych ar y penderfyniad eto
- Hoffwn wneud apêl at Wasanaeth y Tribiwnlysoedd

Defnyddiwch y gofod isod i ddweud wrthym pam nad ydych yn cytuno â'n penderfyniad. Mae'n rhaid i chi ddweud **pam** y teimlwch fod y penderfyniad yn anghywir. Nid yw'n ddigon dweud "Nid wyf yn cytuno â'ch penderfyniad" neu "Nid yw'r arian yn ddigon".

Fe ddylai eich rhesymau fod fel yr enghreifftiau hyn:

- "Roedd y rhent yn £80.00 yr wythnos, ond rydych chi'n dweud ei fod yn £40.00 yr wythnos" neu;
 - "Fe symudais i'r eiddo ar Hydref 1, nid Tachwedd 1", neu;
 - "rydych wedi defnyddio'r cyflog anghywir i gyfrifo'r budd-dal. Derbyniais £250.00 yn unig yn ystod wythnos y Nadolig".
- Os ydych yn apelio yn erbyn mwy nag un penderfyniad, mae'n rhaid i chi ddweud pam eich bod yn anghytuno â phob un.
- Os ydych chi'n gwneud yr apêl dros fis wedi'r penderfyniad, mae'n rhaid i chi esbonio pam fod eich apêl wedi ei ddileu.

Eich anghydfod

Defnyddiwch y gofod isod i esbonio pam eich bod yn anghytuno â'r penderfyniad. Defnyddiwch **LYTHRENNAU BRAS**. Mae'n rhaid i chi ddweud wrthym **pam** y tybiwch fod ein penderfyniad yn anghywir. Os bydd arnoch angen mwy o le, defnyddiwch ddalen ychwanegol.

Eich Llofnod * Os oes rhywun wedi ei benodi'n swyddogol i weithredu ar eich rhan, dylent lofnodi yma.

Beth i'w wneud yn awr

Dyddiad:

- Cofiwch wneud yn siŵr eich bod wedi dweud wrthym **pam** eich bod yn anghytuno â'r penderfyniad.
- Gwnewch yn siŵr eich bod wedi llenwi **pob** rhan o'r ffurflen ac **wedi ei llofnodi**
- Cofiwch, mae'n rhaid i'r apêl gyrraedd ein swyddfa o fewn **un mis** i'r dyddiad ar ben y llythyr sy'n eich hysbysu o'r penderfyniad.

Anfonwch y ffurflen wedi ei llenwi at:

Cyngor Sir Ddinbych, Adran Budd-daliadau, Tŷ Russel, Ffordd Churton, Y Rhyl, Sir Ddinbych. LL18 3DP

