

# LPS HOUSING BENEFIT APPEAL FORM



## NOTES

- This form is for those who have applied for/or are receiving Housing Benefit and who wish to appeal against a decision. Please complete this form **in full**.
- The HBA1 leaflet '**What to do if you think the decision on your Housing Benefit Claim is wrong**' provides guidance on the appeal process.
- Please complete in CAPITAL LETTERS using black ink.

If you need help completing this form or require it in a different language or format, please dial **0300 200 7802** (calls charged at local rate). Dial **18001101** for textphone.

## SECTION 1 – YOUR DETAILS

1.1 Surname	1.2 First name(s) in full
<input type="text"/>	<input type="text"/>
1.3 Date of birth DD/MM/YYYY	1.4 National Insurance Number
<input type="text"/>	<input type="text"/>
1.5 Your daytime contact number	
<input type="text"/>	
1.6 Your full postal address	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>
1.7 Is someone helping with your appeal? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , please provide your representative's details below.	
1.8 Representative's surname	1.9 Representative's first name(s) in full
<input type="text"/>	<input type="text"/>
1.10 Representative's full postal address	
<input type="text"/>	
<input type="text"/>	Postcode <input type="text"/>

**Only one copy of the appeal papers will be sent.**

- 1.11 Do you want them sent to: . . . . .  You  Your representative
- 1.12 Choose the type of hearing you would like for the appeal: .  An oral hearing  A paper hearing

## SECTION 2 – DECISION DETAILS

**You will find this information on the letter we sent telling you about our decision.**

2.1 Your claim number	2.2 Your account number	2.3 Date on decision letter
<input type="text"/>	<input type="text"/>	DD/MM/YYYY <input type="text"/>

## SECTION 3 – YOUR APPEAL

- **Complete 3.1** to tell us why you do not agree with our decision. If you are appealing against more than one decision, state why you disagree with each one.
- **Complete 3.2** if you are appealing more than one month after the decision notification was made you must state why your appeal has been delayed.
- If you need more space, please use another sheet of paper. **Please write your name and claim number on any extra sheets and attach to this form.**

**3.1** Detail your disagreement with the decision in the space below.


**3.2** Reasons for late appeal (i.e. more than one month after the date of the decision notification letter)


## SECTION 4 – SIGNATURES

**The information I have provided is true and correct.**

**4.1 Signature**

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**4.2 Date**

DD/MM/YYYY
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If someone has been officially appointed to act on your behalf or someone has the authority to act for you, they should sign here.

**4.3 Signature of representative**

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**4.4 Date**

DD/MM/YYYY
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**PLEASE RETURN COMPLETED FORM TO:**

**Land & Property Services  
Housing Benefit Central Unit**  
Lincoln Building  
27-45 Great Victoria Street  
Malone Lower  
BELFAST, BT2 7SL

**CONTACT US**

**Housing Benefit Helpline:  
0300 200 7802**  
Textphone: **18001101**  
Email: **housingbenefit.rating@lpsni.gov.uk**



Land & Property Services.



An Agency within the Department of  
**Finance and Personnel**  
www.dfpni.gov.uk

**FOR OFFICIAL USE ONLY**

<b>Date of notification</b>		
<b>Date appeal form received in Benefit Office</b>		
<b>Date appeal form received in Appeals Section</b>		