

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 **18001 0300 200 7802** for text relay.

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	1.4 National Insurance Number
<input type="text" value="DD/MM/YYYY"/>	<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 Yes , 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"/>	<input type="text" value="DD/MM/YYYY"/>

SECTION 3 – YOUR APPEAL (Complete all)

3.1 Detail your disagreement with the decision in the space below. If you are appealing against more than one decision, state why you disagree with each one.

3.2 According to the law, your appeal must be received no later than one calendar month after the date the decision notice was sent to you. If your appeal is received after this date, it is a late appeal and the tribunal will need to know why it is late. The tribunal will consider your reasons and can extend the time limit for you. If you do not give reasons why your appeal is late your appeal form may be sent back to you.

3.2a Is your appeal late? YES (*Please complete 3.2b*) NO (*Please continue to Section 4*)

3.2b 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

Date

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

4.2 Signature of representative

Date

**PLEASE
RETURN
COMPLETED
FORM TO:**

Land & Property Services Housing Benefit Central Unit

Queen's Court
56-66 Upper Queen Street
Town Parks
BELFAST, BT1 6FD

CONTACT US

**Housing Benefit Helpline:
Dial 0300 200 7802**

**Text Relay:
Dial 18001 0300 200 7802**

Email: housingbenefit.rating@lpsni.gov.uk



Land & Property Services
Seirbhísí Talún & Maoinne



Department of Finance
An Roinn Airgeadais

www.finance-ni.gov.uk

FOR OFFICIAL USE ONLY

Date of notification		
Date appeal form received in Benefit Office		
Date appeal form received in Appeals Section		