Housing Benefit and Council Tax Support Scheme

What to do if you think a decision is wrong

After you have made your claim for Housing and/or Council Tax Benefit/Reduction or there is a change in your circumstances, you will receive a decision notice
If you think a decision we have made about your Housing Benefit or Council Tax Benefit/Reduction is wrong, the following explains what you can do about it.

These are the steps you can take:

1. Asking us to explain our decision

Telephone or write to us as soon as possible and we will explain how we have reached our decision. It may assist you to have an explanation in order to help you decide if you want to request a review or an appeal. A written explanation will be provided on request.

2. Asking for a reconsideration of the decision

If you ask us to look at the decision again, it will be checked by a different officer. This request should be sent to Glasgow City Council, P.O. Box 36, Glasgow, G1 1JE.

We will write to you and tell you whether we have changed our original decision. If the decision cannot be changed, our letter will confirm the original decision and say why it cannot be changed.

3. Making an appeal against Housing or Council Tax Benefit/Reduction decision

An appeal should be made in writing, including the reasons for the appeal and be forwarded to **Glasgow City Council**, **P.O. Box 36**, **Glasgow**, **G1 1JE**. An Appeals Officer will consider the decision and, if it cannot be changed to your advantage, this will be forwarded to the Tribunals Service for an independent hearing.

Time Limits

It is important to remember that the time limit for asking for an explanation, reconsideration and for appealing is one month from the date on the decision notice.

If you are late special circumstances such as serious illness may extend the one-month time limit however, you should contact us as soon as possible to explain these circumstances. Please note that there is an overall maximum time limit for requesting a revision or appeal of 13 months from the date of the decision.

Housing Benefit and Council Tax Support Dispute Form

Reference Number	er:		Nat	ional Insurance Number:			
Name:					1		
Address:							
Telephone Numb	er:						
Appeal Address:(if different from above)							
I wish to be repre Name:	sented by	(complete the details b	below)			
Name:							
Address:							
The name of the		Housing Benefit		Council Tax Benefit/Reduction		Both	
	ecision I v	vish to dispute is: (i.e	e date	of decision or brief deta	ils that	will allow the	9
Please complete	the follow	ing and tick as appro	priat	e:			
I would like to request an explanation of this decision (please ✓)							
I would like to ask	for this de	cision to be looked at	t agai	in (please	()		
I would like to appeal against this decision				(please √)			
I think the decisio	n is wrong	g because:					
Please continue o	verleaf if re	equired					
Please now sign your representative		he form below (Reme	ember	you must sign the form, i	t cannot	t be signed by	,
Signature:				Date:			