

Housing Benefit Additional Room Allocation Appeal (Bedroom Tax)

NAME:
ADDRESS:

NINO:
DOB:

Glasgow City Council
Housing Benefit Appeals
PO Box 36
Glasgow
G1 1JE

Dear Sir/Madam

Please accept this as an appeal against your decision regarding the reduction in my **HOUSING BENEFIT** entitlement.

DATE AT THE TOP OF DECISION LETTER: _____

GROUND OF APPEAL: The decision-maker has failed to correctly address:

- The factual question of how many bedrooms are in my home, taking account of their size and how they are actually used.
- The number of bedrooms needed taking account of wider legislation, such as the Children (Scotland) Act 1995 and the Human Rights Act 1998 and the potential discriminatory impact of their decision.
- I am unable to share a bedroom with my severely disabled, husband/wife, Civil Partner, Partner.
- I have one (or more) unoccupied room that is not a bedroom.

Further information or **Special Reasons** (see over):

My representatives are **Welfare Rights Section, Glasgow City Health and Social Care Partnership, City Chambers East, 40 John Street, Glasgow, G1 1JL**. I authorise them to act on my behalf. Please ensure they receive copies of all further correspondence and a copy of the appeal papers.

I do not consent to my appeal being heard without an oral hearing. I do not consent to less than the full advance notice stated in rule 29(2) of the Tribunal Procedure Rules 2008. Should you decide to schedule my appeal in a manner contrary to these instructions then please contact my representatives to ensure that my right to a fair hearing under Article 6 of the ECHR remains protected.

Yours faithfully

I require an interpreter (language): _____ Dialect: _____

Signature: _____ Date: _____