

Housing Benefit Appeal

NAME:
ADDRESS:

DOB:
NINO:

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

Dear Sir/Madam

Please accept this **appeal** against your decision dated _____.

I do not accept that the decision-maker has taken my full circumstances into consideration against my entitlement to Housing Benefit.

I submit that where appropriate the decision maker has failed to follow the correct review, revision or supersession procedures and the decision maker has not followed the correct test for entitlement as stated by the Upper Tribunal and higher courts.

If my appeal is out-with the time limit, then please forward my appeal directly to the Tribunal Service.

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

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.

Yours faithfully

I require an interpreter in Language: _____ Dialect _____

Signature: _____

Date: _____