

# Dispute form

Claim ref:

**Please tell us which of the following you wish to request by ticking only one of the following boxes:**

I require a written statement explaining how you have worked out my Entitlement to benefit (otherwise known as a statement of reasons)

I am disputing the decision and want you to look at it again

I want to appeal against your decision to an Independent Tribunal

## About you

Surname

Title: Mr/Mrs/Ms/Other

Other names

Date of Birth

Address

Tel No:

National Insurance Number

Have you arranged for someone to help you with your appeal? Yes  No

Please tell us their name and address

Their full name

Do you wish to authorise this person to act for you in all matters relating to this dispute

Their address

Yes  No  If yes, please sign this box

## Decisions you cannot appeal against

You can ask us to look again at any decision you think is wrong. But there are some decisions you cannot appeal against, for example:

- What information and proof we need you to give us
- If we did not look at our decision again because you asked us too late
- That we have the right to recover an amount overpaid to you
- How we recover the amount we overpaid you,
- If you think our decision about a Discretionary Housing Payment is wrong.
- Suspending or restoring benefit; and
- The capital limit.

## About the decision

Please tell us:

The date of the decision letter

Exact period to which the dispute relates

## **Your Dispute**

- Use this space to say why you do not agree with the decision
- You must say why you think the decision is wrong. It is not enough to say:-“I do not agree with this decision” or “The money is not enough”
- Use BLOCK CAPITALS.

Large empty rectangular box for signature or stamp.

**Your Signature**

**Date**

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

**What to do now**

- Make sure you have stated on this form why you do not agree with the decision
- If you need more space, use another sheet of paper. Remember to put your name and claim number on any extra sheets of paper.
- Make sure you have filled in all parts of this form and signed it.
- Please return to: Housing Benefits, Ty Elwyn, Llanelli, SA15 3AP or take it to one of our Customer Service Centres at Ty Elwyn, Llanelli, 3 Spilman Street, Carmarthen or to the Town Hall in Ammanford.

**Remember, your dispute must reach our office within one month of the date at the top of the letter telling you about the decision**

If you are disputing more than one month after the decision was made, please say why your appeal has been delayed.

If you have any documents or letters in support of this request, from social workers, solicitors or citizens advice bureau etc. please submit them with this form and tick here

**General Information**

If you require any further advice please contact:-

The Housing Benefit Section  
Carmarthenshire County Council  
Ty Elwyn  
Llanelli  
SA15 3AP  
Tel: 01554 742100  
Fax:: 01554 742277  
Website: [www.Carmarthenshire.gov.uk](http://www.Carmarthenshire.gov.uk)  
Email:-  
[Housing.Benefits@carmarthenshire.gov.uk](mailto:Housing.Benefits@carmarthenshire.gov.uk)

For independent advice you can contact:-

Citizens Advice Bureau  
Llanelli 01554 759626  
Carmarthen 01554 234488  
Ammanford 01269 591091  
  
Shelter Cymru 01267 229206  
  
CATCHUP Ltd 01554 776850  
01554 774570