To: your local Housing Benefit office

DATE:

Dear Sir/Madam,

Name ...........................................................

Address ........................................................

......................................................................

National Insurance number .........................

Date of Birth ................................................

I wish to request an appeal of your decision dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reduce my housing benefit in line with the size criteria rules (bedroom tax).

As a consequence of the Court of Appeal decision in Burnip, Trengove, Gorry v SSWP(2012) EWCA Civ 629 and taking into account circular HB/CTB U2/2013, I believe that my housing benefit calculation should include an individual bedroom for my disabled child.

My grounds of appeal are that due to my child’s disability and the effects of this at night time, s/he needs his/her own bedroom because: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

If this is request is out of time please accept it as a late appeal as I was unable to contact you earlier due to my substantial caring responsibilities.

Please advise me of your decision in my case and, in the meantime, please also consider making a Discretionary Housing Payment.

Yours faithfully,

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_