

Request to consider an earlier benefit claim

	Your Name	Property Reference	
	Your address	Housing Benefit ref	
		Council Tax Ref	
		Date of claim	
		Date of issue	
		Issued by (intls)	

- ◆ **This form is to be completed if you have been informed that your claim has not been processed due to the fact that information was not supplied at the correct time and you would like your case to be looked at again.**

If you feel you have an exceptional reason(s) that prevented you from sending the information at the correct time, please complete, sign and return this form. It is necessary for you to provide any official documentation to support your application, eg Medical Evidence or proof of postage/hand delivery to a designated office.

It is up to you, to demonstrate that you have exceptional circumstances on why the supporting information was not supplied at the appropriate time.

You must complete and return this form WITHIN FOUR WEEKS of the date of issue or we may not be able to consider your request.

May I also take this opportunity to advise you, that my office has previously stated that any supporting information has to be supplied at the correct time. **Failure to do so will result in loss of benefit.**

Please state your reasons in full in the box below

Please use the other side, if required.

Declaration

- ◆ I declare the information given on this form is correct and complete.
- ◆ I authorise the Council to make any necessary enquiries to check the information that I have provided on this form

Your signature

Date

Please ensure that I have proof of all your income and capital for the period in question

Please state your reasons in full in the box below – Continued

Please state your reasons in full in the box below

Yearly Allowance	Your Name
Housing Benefit rate	Your Address
Council Tax Rate	
Rate of Rent	
Rate of Gas	
Issued by (name)	

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Date

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