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 to reduce my housing benefit in line with the size criteria rules (bedroom tax). If this 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. If you cannot accept it as an appeal please treat this as a request for a review of your last decision.

My grounds of appeal are that my disabled child is a ‘child who cannot share a bedroom’ as defined in regulation 2(1) of the Housing Benefit Regulations 2006 (as amended by Statutory Instrument 2013 No 2828). Consequently, and in line with earlier guidance (*circular* HB/CTB U2/2013) on the implications of the Court of Appeal decision Burnip, Trengove, Gorry v SSWP(2012) EWCA Civ 629, my housing benefit calculation should include an individual bedroom for my disabled child.

My child is entitled to DLA care component at the middle/highest rate (delete as appropriate). In addition due to my child’s disability and the effects of this at night time, s/he needs his/her own bedroom because: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

Yours faithfully,

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