



Application to Appoint an Appointee –Housing Benefit /Council Tax Reduction

working for our community

Date

Benefit
Reference

If you cannot manage your own affairs because you are sick, disabled or elderly, you can choose someone to act for you. If we feel you can manage your own affairs, we will not accept an appointee.

If you want to do this please complete this form.

Claimant's Name

Telephone
Number

Claimant's Address

I give the appointee named below permission to act as my appointee.

Signature or mark

Date

Notes for Appointee

When you agree to act as an appointee, you must take full responsibility for this person's claim for benefit. This means you must make any new claims and tell us about any change in the person's circumstances. This is done as though you are the person claiming, so you need to know this person's full financial situation. All correspondence relating to their claim will be sent to you, if you are accepted as an appointee.

Appointee Name

Telephone
Number

Appointee Address

I agree to act as Appointee for _____ and take full
responsibility for their claim for benefit.

Signature

Date