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 on my housing benefit claim. 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 13D 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) and 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 consider making a Discretionary Housing Payment.

Yours faithfully,

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