

HOUSING BENEFIT / COUNCIL TAX REDUCTION

Application to act on behalf of another person

I, (your name)

Of (your address)

Apply to be appointed to act on behalf of

(their name)

Of (their address)

In respect of their claim for Housing Benefit and/or Council Tax Reduction.

I make this application because this person is unable to act for themselves.

I confirm that no-one else has been appointed to act for this person in any other capacity.

I am over 18 years of age.

Appointee Signature..... Dated

Claimant Signature Dated

Please return this form to the email address at the top of this form.

To protect public funds, the council may use the information you have provided on this form for the prevention and detection of fraud. The council may also share this information, with other organisations which the law allows.