



To: Benefits & Revenues Service
Tendring District Council
88-90 Pier Avenue
CLACTON-ON-SEA
Essex CO15 1TN

From:

Date:

Re:
of:
HB Ref. Number:

I wish to make an application to be made an appointee for the purposes of the above named claimant's Housing Benefit and Council Tax Benefit claims. The reason for this application is that the claimant is incapable of making and/or dealing with claims for Housing Benefit and Council Tax Benefit for the following reasons:

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.....

Details of appointee's job or profession or relationship to the claimant:

.....

Telephone Number:

I understand that should you grant this application in accordance with The Housing Benefit Regulations 2006, Regulation 82(3) and/or The Council Tax Benefit Regulations 2006, Regulation 44(3), I will be wholly and entirely accountable for the claimant's claims, rights and responsibilities, including the duty to notify you of any change of circumstances that the claimant might have. All provisions that apply to the claimant will equally apply to me as if I was the claimant.

Signed: Date:
(Appointee)

Witness

I, (witness name and address)
.....

confirm that I know the above name claimant and can confirm to the best of my knowledge that the claimant is incapable of dealing with his/her own claim for Housing and/or Council Tax Benefit for the above stated reasons.

Details of witness' job or profession or relationship to claimant:

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