



## Housing Benefit and Council Tax Support Application for Appointment to act on behalf of someone else.

### Details of person unable to act

Claim Number

Title (Please tick one)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ please state

Name

Address

Telephone

National Insurance number

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

**Signature** of person unable to act

Date

(If the person is unable to sign  
please indicate in the box).

### Details of person applying to be appointee – (must be aged 18 or over)

Title (please tick one)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ please state

Name

Address

Email

Telephone

National Insurance Number

**I agree to act as appointee for ..... and take full responsibility for their claim for Housing Benefit and, or Council Tax Support. No other person has been legally appointed to deal with their affairs. I will report any changes in their income or circumstances to the Benefit Team AND where necessary to the Department of Work and Pensions.**

**Signature**

**Date**