

LGSS BACKDATING REQUEST FORM

About You

Title	
Surname	
Forename	
Date of Birth	/ /
National Insurance Number	
Address	
Postcode	
Daytime Phone Number (inc. area code)	
Email Address	
Have you arranged for someone to help you with your backdating request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Their Full Name	
Their Full Address	
Postcode	
Sign this box to authorise this person to act on your behalf	

About your Backdating Request

I wish to apply to have my Housing and/or Council Tax Benefit backdated for the period: -

From: ____/____/____ To: ____/____/____

The reason for this is as follows:

Cont./

Your Signature	
Date	
Signature of Appointee (if applicable)	
Date	

The information provided in this form will be used in accordance with the Council's registration under the Data Protection Act 1998 and may be used in the prevention and detection of fraud.