

LGSS HOUSING BENEFIT APPOINTEE APPLICATION

Application to act on behalf of another person

Name of the appointed	
Address of the Appointed	
Name of who you will act on behalf of	
Address of who you will act on behalf of	

DECLARATION

I will be acting on behalf of the above in respect of their claim for Housing Benefit and/or Council Tax Benefit. I make this application because this person is unable to act for him/herself. 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.

I declare that the information given on this form is complete and accurate to the best of my knowledge. **REMEMBER, if you give false information you may be prosecuted.**

In order to protect public funds, the Council may use the information you have provided on this form to prevent and detect fraud. The Council may also share this information, for the same purposes, with other organisations which handle public funds.

Full Name (BLOCK CAPITALS)	
Signature	
Date	

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

Information will only be used by Horsham District Council and its employees in accordance with the Data Protection Act 1998. The Council will not supply information to any other organisation or individual except to the extent permitted by the Data Protection Act and which is required or permitted by law in carrying out any of its proper functions.