



OPENING TIMES  
Monday-Thursday : 8.45am to 5pm  
Friday 8.45am to 4.45pm  
TEL: 01243 534509  
FAX: 01243 521234  
E-mail: [cdcbenefits@chichester.gov.uk](mailto:cdcbenefits@chichester.gov.uk)

**Housing and Council Tax Benefit : Application from prospective appointee.**

Where somebody applies to be the appointee for a claimant the Local Authority will need to consider whether the claimant is 'unable to act' for themselves. This means that the person must be unable to manage his/her own affairs relating to Housing/Council Tax Benefit due to incapacity. This could be physical or mental incapacity and does not have to be permanent providing that they are unable to act for the period for which they have an appointee.

I wish to be considered as an appointee for:	Claim Number:
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**Please complete the sections below in full.**

I  
(your full Name)

of  
(your address)

Post Code: Telephone no:

apply to act on behalf of  
(claimants name)

of  
(claimants address)

in respect of his/her housing/council tax benefit application. *(please delete as appropriate)*

My relationship to the claimant is *(please specify)*

son/mother/friend etc:

I make this application because

Do you hold Power of Attorney?

Yes  *If yes please provide documentary evidence.*

No

Has any other person been appointed to act for this person in any other capacity including Power of Attorney?

Yes  *If yes please give details.*

No

**This is a declaration of the responsibility you will assume in becoming an appointee.**

- I am in regular contact with the person for whom I wish to be an appointee and have sufficient knowledge of their affairs to act in their best interest and answer the council's enquiries.
- I will notify the council of any changes in circumstances that might affect the benefit entitlement of the person for whom I am appointed.
- I accept that I can be held responsible for repaying any overpaid benefit in respect of the person for whom I wish to be an appointee.

**If I withdraw as appointee I will give the council 28 days notice in writing.**

Signed:

Dated:

**For Local Authority use**

Checks made with	Yes/No	Whom you dealt with	Initial	Date
<i>DWP</i>				
<i>Social Services dept.</i>				

	Yes/No	Comments	Signature	Date
<i>Application accepted/rejected</i>				
<i>Appointee notified</i>				
<i>Computer entry made</i>				

*(Must be Senior Officer Decision)*