



Revenues, Benefits and Customer
Service
White Cliffs Business Park
Dover
Kent
CT16 3PJ
www.dover.gov.uk
Phone: (01304) 872199

Housing and Council Tax Benefit

**Application for appointment to act on behalf of a person unable to act by
reason of mental or other incapacity**

Particulars of person unable to act-

Surname: Mr/Mrs/Miss/Ms _____

Other names _____

Address _____

National Insurance Number: _____

Council Tax Reference Number: _____

Benefit Claim Number _____

Nature of Incapacity _____

Particulars of person applying to be appointed (Must be aged 18 years or over)

Surname: Mr/Mrs/Miss/Ms _____

Other names _____

Address _____

Relationship to Benefit Claimant: _____

Contact number: _____

E Mail address: _____

Application :

I apply for appointment to act on behalf of the above named person for the purpose of claiming Housing and /or Council Tax Benefit. No person has been legally appointed to administer his/her estate. I undertake to the best of my ability to give the Benefit Officer all the information required by him/her about the circumstances of that person and if there is any change in those circumstances to let him/her know at once.

By accepting to act on behalf of this person, I am aware that I must notify the Council of any changes in their circumstances which may affect their entitlement to Housing and/or Council Tax Benefit. I agree that failure to do this may result in an overpayment which I may be liable to repay.

I will ensure that I read and act upon any letters that are issued to me on behalf of this person.

Please note that you will be required to give four weeks written notice to terminate this agreement.

I make the application on the following grounds:

Signature _____ Date _____

Signature of Claimant _____ Date _____

If claimant is unable to sign please give reasons

For office use
Authorisation _____ Date _____