



Housing Appeals Mechanism Request

Filling in this form

• **Use black or blue pen**

• Print in **BLOCK LETTERS**

• Mark boxes like this ☐ with a ✓ or x

📎 Attach any relevant information to this form

Please complete this form to appeal a decision made by the Housing Authority operating within the Department of Housing and Works.

Some matters cannot be appealed; for example, market rent values and rent subsidy percentage rates which apply to all tenants.

Water consumption charges are not determined by the Housing Authority, and cannot be appealed. You can contact your Housing Services Officer to request an investigation into your water consumption charges.

You will find more information about the appeals process in the Appeals Process brochure.

Have you discussed this with the officer who made the original decision?

Yes ☐ No ☐

If eligible, your appeal will be reviewed by a senior officer.

If your appeal is not successful it will be referred to a Regional Appeals Panel. You will be invited to meet with the panel. You can bring an advocate or support person. The panel includes two independent community members and a senior officer. None of these people will have been involved in the original decision.

Personal Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname

First name

Second name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

☐ Male ☐ Female

☐ X (indeterminate, intersex or unspecified)

Contact Address

Street Number

Street Name

Suburb / Town

State

Postcode

Postal Address (if different to previous)

Street Number

Street Name

Suburb / Town

State

Postcode

Phone 1

Phone 2

Email

Advocate/Support Agency

Is an advocate or other support person helping you with this appeal?

Yes ☐ No ☐

Do you provide permission for this person to request and review the documents specifically relating to this appeal?

Yes ☐ No ☐

Do you provide permission for this person to speak to the Department on your behalf regarding this appeal?

Yes ☐ No ☐

If yes, to any of the above, please provide the following details:

Advocate's Name _____

Agency

Street Number

Street Name

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Suburb / Town

State

Postcode

Phone 1

Phone 2

Email

Cultural Diversity

Are you of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander

☐ Both ☐ No

Are you of non-English speaking background?

Yes ☐ No ☐

Do you need the Department to provide an interpreter?

Yes ☐ No ☐

If yes, for what language?

Disability/Medical Information

Do you have a disability or medical condition which will affect your ability to attend the office to review your appeal?

Yes ☐ No ☐

If yes, please provide details:

[illegible]


What decision are you appealing?

Note: If you are appealing tenant liability charges, please provide details on page 4.

If you have already discussed this with a Housing Authority officer, please provide details of who you spoke with and any other relevant information.

Please make sure you have given us enough information to review the decision and help you.

- Have you described the situation clearly?
- Have you told us why you do not agree with the decision?
- Do you feel there are things which may not have been considered when we made the original decision?

 Please attach copies of any supporting documents to this form.

Signed (applicant)

Date _____

D	D	M	M	Y	Y	Y	Y
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Signed (advocate)

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Date _____


D	D	M	M	Y	Y	Y	Y
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Appeal Against Tenant Liability Charges

If you have already discussed this with a Housing Authority officer, please provide details of who you spoke with and any other relevant information.

Please make sure you have given us enough information to review the decision and help you.

- Have you described the situation clearly?
- Have you told us why you do not agree with the decision?
- Do you feel there are things which may not have been considered when we made the original decision?

 Please attach copies of any supporting documents to this form.

[illegible]