

## Review of Decisions (First Tier Appeal) Application

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a client to appeal a decision made by a social housing provider. Please attach any relevant documentation or additional information that you think may assist the review. Once completed please send the form to the relevant social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any question, please include details on a separate page and attach it to this form.

Client reference number

Application reference number

T-File number

### Your details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Unit/House number	<input type="text"/>	
Street/Avenue	<input type="text"/>	
Town or Suburb	<input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	

Do you require an interpreter?

Yes

No

List preferred language below

Language

### Advocate or other contact person

I would like another person to act as a representative on your behalf, or would like someone else to know the details of your appeal (for example a support worker), please complete this section.

Name of advocate (please print)

Agency

Phone Number

What decision would you like reviewed?



Full name (please print)

Signature

Date

**Accelerated Appeal Consent**

In the following decisions, social housing providers conduct an accelerated appeals process. This means if a decision is made which is not in your favour, social housing providers can make a referral of your file to the Housing Appeals Committee who will conduct an independent 2nd tier review of the decision.

Please tick the type of review requested

Private Rental Subsidy - A review of a decision to end your Private Rental Subsidy (PRS) assistance.

Start Safely Private Rental Subsidy - A review of a decision to end your Start Safely Private Rental Subsidy

By signing this form you are consenting to the social housing provider making a direct referral of your file to the Housing Appeals Committee for review

Full name (please print)

Signature

Date