

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

Why would you like this decision reviewed?

Full name (please print)

Signature

Date

DD/MM/YYYY

Accelerated Appeal Consent	Please tick the type of review requested	
In the following decisions, DCJ conducts an accelerated appeals process. This means if a decision is made which is not in your favour,	Section 145 - A review of not being eligible for an extension of lease under Section 145 of the <i>Residential Tenancies Act</i> .	
DCJ can make a referral of your file to the Housing Appeals Committee who will conduct an independent 2nd tier review of the decision.	Relocations for Portfolio Management Purposes - A review of first offer of social housing	
	Section 149 - A review under Section 149 of the <i>Residential Tenancies Act</i> for Relocations for Management Purposes	
	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	
	Provisional Lease - A review of not being eligible for a provisional lease	
	Recognition as a Tenant - A review of not being eligible for recognition as a tenant	
By signing this form you are consenting to DCJ making a direct referral of your file to the Housing Appeals Committee for review.		
Full name (please print)		
Signature	×	
Date	DD/MM/YYYY	