

# Application for Review of Decision - Change of Circumstances After Lease Review

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a tenant to request a review of a decision made by the Department of Communities and Justice (DCJ) not to extend their lease after considering their change of circumstances. You must return this form to FACS within 14 days from the date you received the Notice of Intent to issue a Notice of Termination. 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.

## Tenant details

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

## Information required before an interview is scheduled

Do you require an interpreter?  Yes  No

Language

Would you like another person to act as a representative on your behalf, or someone else to know the details of your review (for example, a support worker)?  Yes  No

Give details below

Name of advocate

Relationship/agency

Phone  Mobile

Email

**Reasons for review**

**Describe the reason(s) why you would like the decision reviewed**


**Important information:**

DCJ will automatically send your file to the Housing Appeals Committee if, after review, it makes a decision to issue a Notice of Termination. By signing this form you consent to the direct referral of your file to the Housing Appeals Committee.

**NOTE:** This consent only applies to decisions in relation to the termination of a tenancy on the grounds that the household is not eligible to continue residing in social housing premises.

Full name (please print)

Signature

Date

**Is another person helping you with this form?**

Yes

No

↓  
If yes, that person should read and sign the declaration below

**Declaration from person assisting or completing this application on behalf of the applicant**

- I filled in this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.

Full name (please print)

Signature

Date

Contact phone number

**Send or take, your completed form to your local DCJ office**