

# First tier appeal application form

## 1 Appellant details

Group number (if applicable): .....

Please circle: Mr / Mrs / Ms / Ms / Miss

First name: .....

Family name: .....

Date of birth: ..... / ..... / .....

Have you been known by another name in the past?  
(e.g. name changed by deed poll, marriage or divorce)

No  Yes If yes, please list your past name(s):  
.....

Are you of Aboriginal or Torres Strait Islander descent?

Yes  No

Complete this form to request a review of a decision made by the Department of Housing.

This form can be lodged by:

- mail: Housing Complaints & Appeals Unit GPO Box 4621, Darwin NT 0801
- email: [Housing.Appeals@nt.gov.au](mailto:Housing.Appeals@nt.gov.au)
- visiting your local Housing office.

For further information contact Housing's Complaints and Appeals Unit on 1300 301 167.

Για βοήθεια στη γλώσσα σας τηλεφωνήστε στις Υπηρεσίες Στέγασης (Housing Services) στο 1300 301 167.

"Đề được sự giúp đỡ về ngôn ngữ, xin gọi Dịch vụ Gia Cư (Housing Services) qua số 1300 301 167"

للمساعدة اللغوية يرجى الاتصال بخدمات الإسكان على الرقم 1300 301 167

Untuk bantuan bahasa hubungi Dinas Perumahan (Housing Services) di nomor telp 1300 301 167

សម្រាប់ជំនួយភាសា សូមទូរស័ព្ទទៅលេខរៀងនៅឋានភាគរយ:លេខ៖ 1300 301 167

အင်္ဂလိပ်စကားမကားလည်ဖို့အကူအညီအတွက် အိမ်သားဝန်ဆောင်မှုဖြူငွေဌာန သို့မဟုတ် ၃၀၀၀ ၃၀၀၀ ကို ခေါ်ပါ။

若需語言協助 請撥 1300 301 167 與房屋服務聯絡

Para a assistência da língua ligue para os Serviços de Habitação no 1300 301 167.

Wegen Hilfe in deutscher Sprache wenden Sie sich bitte an den Wohnungsdienst, Telefonnummer 1300 301 167.

For language assistance please call Housing Services on 1300 301 167.

## Residential / Community address:

..... Postcode: .....

Postal address (if different from residential address, or if you expect to leave your current address):

..... Postcode: .....

## Contact details

Home phone: ..... Work phone: ..... Mobile: .....

Email: .....

## 2 Agency or advocate details

Do you have someone helping you with your appeal?  Yes  No

Agency / advocate name: .....

Relationship (if applicable): .....

Phone: ..... Email: .....

You need to complete an 'Authorisation to Disclose Personal Information' form or provide a letter of consent to allow the Department of Housing to speak to your advocate on your behalf.



**3 What Housing decision do you want reviewed?**

- Cancellation of housing application
- Priority housing decision
- Tenant debt
- Alterations or additions
- Other, please provide details below:

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What outcome do you want from the appeal?

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If you need more space, please attach additional pages.

**4 Supporting documents**

You are required to supply documentation to support your appeal. Supporting documents can include:

- Medical report
- Police report
- Letters or other communications

All supporting documents must be lodged with this application.

**5 Declaration**

The Department of Housing respects your right to privacy. Information you provide during the appeals process will be treated in accordance with the Information Privacy Principles of the *Information Act* (NT).

Signature: .....

Date: ..... / ..... / .....