

# Second tier appeal application form

Complete this form to request a review of a public housing related decision made by the Department of Territory Families, Housing and Communities.

Appellant details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:	Date of birth	/ /
First name(s)			
Surname			
Have you been known by another name in the past? (e.g. name changed by deed poll, marriage or divorce)	<input type="checkbox"/> Yes - If yes, please list your past names <input type="checkbox"/> No		
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Residential or community address			
Postal address (if different from residential address)			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Agency or advocate details			
Do you have someone helping you with your appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Territory Families, Housing and Communities to speak to your advocate on your behalf.			
What Housing decision do you want reviewed?			
<input type="checkbox"/> Cancellation of housing application	<input type="checkbox"/> Priority housing decision	<input type="checkbox"/> Tenant debt	
<input type="checkbox"/> Alterations or additions	<input type="checkbox"/> Other, please provide details on the next page:		

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

If you need more space, please attach a separate sheet of paper.


**What outcome do you want from the appeal?**

If you need more space, please attach a separate sheet of paper.


**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.

**Declaration**

I consent to the Department of Territory Families, Housing and Communities providing relevant personal tenancy information to the Housing Appeals Board and I understand this may include my entire tenancy history. The Department of Territory Families, Housing and Communities 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 2002* (NT).

Signature		Date	/ /
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This application can be lodged via post or email to:

Housing Complaints & Appeals Unit  
 Department of Territory Families, Housing and Communities  
 PO Box 37037, Winnellie NT 0820  
 Email: [Housing.Appeals@nt.gov.au](mailto:Housing.Appeals@nt.gov.au)

You may also lodge this application at any Housing office. For further information contact the Housing Complaints & Appeals Unit on 1300 301 167.