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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | |
| 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 | | ☐ Mr / ☐ Mrs / ☐ Ms / ☐ Miss / ☐ 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) | | | | | | | | Yes - If yes, please list your past names  No | | | | | | | | |
| Are you of Aboriginal or Torres Strait Islander origin? | | | | | | | | ☐ Aboriginal ☐ Torres Strait Islander  ☐ 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? | | | | | | | | | | | | ☐ 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 Territory Families, Housing and Communities to speak to your advocate on your behalf. | | | | | | | | | | | | | | | | |
| What Housing decision do you want reviewed? | | | | | | | | | | | | | | | | |
| ☐ Cancellation of housing application  ☐ Alterations or additions | | | | | | | | | ☐ Priority housing decision ☐ Tenant debt  ☐ 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. | | | | | | | | | | | | | | | | |
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| What outcome do you want from the appeal? | | | | | | | | | | | | | | | | |
| If you need more space, please attach a separate sheet of paper. | | | | | | | | | | | | | | | | |
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| 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 | | / / | |
| This application can be lodged via post or email to:  Complaints Resolution  Department of Territory Families, Housing and Communities  PO Box 37037, Winnellie NT 0820  Email: Housing.Appeals@nt.gov.au  You may also lodge this application at any Housing office. For further information contact Complaints Resolution on 1800 685 743. | | | | | | | | | | | | | | | | |