

Decisions are made by the Housing Trust (HT) where an applicant or a tenant may disagree with that decision.

Decisions we make can be appealed within three (3) months of the decision if you believe you have not been treated fairly or we did not consider all of the information. Note: ***Should the appeal relate to offers of housing then the three (3) month timeframe does not apply.*** Offers of housing only have a timeframe of fourteen (14) days to appeal a decision.

Complete the form below and lodge within the time frames as stated in our Appeal Policy which is available on our website [www.housingtrust.org.au](http://www.housingtrust.org.au)

HT will provide written acknowledgement of receipt when your form has been received, within three (3) working days of receiving the appeal. Should you have questions about this form or you require assistance to complete it, please contact HT on **4254 1166**

| Your Details                   |   |
|--------------------------------|---|
| First Name                     |   |
| Surname                        |   |
| Address                        |   |
| Phone Number                   |   |
| Email Address                  |   |
| Do you require an interpreter? | <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes <input checked="" type="checkbox"/> , please advise the language required.<br>Language: ..... |

| What decision would you like to appeal? Please select                                      |   |  |
|--|---|--|
| <input type="checkbox"/> Offer of Housing  | <input type="checkbox"/> Rent Subsidy                   | <input type="checkbox"/> Transfer            |
| <input type="checkbox"/> Water   | <input type="checkbox"/> Eligibility for Social Housing | <input type="checkbox"/> Additional Occupant |
| <input type="checkbox"/> Succession of Tenancy   | <input type="checkbox"/> Modification to Property       |  |
| <input type="checkbox"/> Other if not listed above. Please provide details: .....<br>..... |   |  |

| Outline briefly why you would like to appeal |
|--|
| .....  |
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| .....  |
| .....  |
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| .....  |
| .....  |

**What outcome are you seeking in response to this appeal?**

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**Have you spoken to anyone from the Housing Trust about the decision you are appealing?**

Yes       No

**If yes , please advise which staff member you spoke to and when did this occur?**

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**Are you attaching additional evidence to this appeals form to support your application for review?**

Yes       No

**If yes , please list the names and dates of the documents below:**

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**We suggest that you keep a copy of this completed form and your additional evidence for your records. We will advise you in writing of the outcome of your appeal and how we came to that decision within 28 business days**

**Declaration:** I declare that the information provided in this form is, to the best of my knowledge, true and correct. I have read and understand the Appeals process. I acknowledge that Housing Trust (HT) may need to access and use my personal information as provided in order to investigate this appeal.

I understand that this information may also be used for continuous improvement of HT policies, procedures and processes.

HT will be mindful at all times of privacy and confidentiality issues related to sharing this information, however investigations are limited if we cannot use your name. If you don't wish to have your name used please indicate this here:       ***I do not provide permission for HT to use my name.***

By signing below I agree to the above:

Name (print): ..... Date: .....

Signature: .....