

Public housing appeal form



Personal details

Title Mr Ms Mrs Miss Other

Family name

Given name(s)

Date of Birth

Home address

Postcode

Postal address (if different to above)

Postcode

Daytime phone

Mobile

Email ...

Housing SA customer number (if known)

Are you of Aboriginal or Torres Strait Islander descent?

Yes No

Are you from a culturally or linguistically diverse background?

Yes No

Interpreter required?

Yes No

Language:

Advocate or other contact person

If you would like to nominate another person to act as a representative on your behalf, or would like someone else to know details of your appeal (eg. housing advocate, social worker, friend, relative), please complete this section.

Do you give permission for the Appeal Unit to deal with and send copies of your paperwork to this person?

Yes No

Title Mr Ms Mrs Miss Other

Name

Relationship (or agency details)..

Date of Birth

Postal address (if different to above)

Postcode

Daytime phone

Mobile

Email ...

Does this appeal relate to a previous address?

Yes No

If yes, please provide previous address

Postcode

OFFICE USE ONLY

Appeal number:

Date:

Appeal details

Please describe the Housing SA decision you wish to appeal.

Please state the reasons you believe this decision to be incorrect.

Have you included copies of any relevant additional information?

Yes

No

Appellant signature Date

By signing this form, you give permission for staff to access and view your Housing records for the purpose of processing this appeal. The permission remains current for 90 days from the date you sign.

When you have completed both sides of this form and attached all information that may be relevant, please return it to:

Public and Community Housing Appeal Unit, GPO Box 2671, Adelaide SA 5001