



## Review of Decisions (First Tier Appeal)

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a client to appeal a decision made by Housing NSW, or appeal a decision made by a community housing provider about eligibility for social housing. Please attach any relevant documentation or additional information that you think may assist the review. Once completed please send the form to the relevant social housing provider. For information or assistance with this form, phone **1300 Housing** 24 hours a day, seven days a week. Please mark relevant boxes with a  If you need more room to answer any question, please include details on a separate page and attach it to this form.

Client reference number

Application reference number

T-File number

### Your details

Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Unit/House number	<input type="text"/>	
Street/Avenue	<input type="text"/>	
Town or Suburb	<input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	

Do you require an interpreter?

Yes

No

List preferred language below

Language

### Advocate or other contact person

If you would like another person to act as a representative on your behalf, or would like someone else to know the details of your appeal (e.g. a support worker), please complete this section.

Name of advocate (please print)

Agency

Phone Number

What decision would you like reviewed?


