

NAME		
ADDRESS		
TELEPHONE	(Home)	(Mbl)
EMAIL		

Would you like Junction Australia to contact you whilst an investigation of your appeal is undertaken? No Yes

Do you require an interpreter? No Yes (Language)_____

What is your appeal regarding? (Please tick)

- Eligibility for housing
- Allocation of a property
- Re-allocation of a property
- Transfer to another property
- Assessment of financial circumstances
- Assessment of other circumstances
- Calculation or imposition of any rent, levy, charge or subsidy (except those arising under the tenancy agreement)
- The state, condition, modification or improvement of premises
- Occupation or use of premises
- Other (please describe)

Please provide information relating to your appeal. If insufficient space, please attach additional pages or information as required.

Would you like another person to act as a representative on your behalf, or someone else to know the details of your review (for example a support worker)?

Name of advocate		Relationship / Agency	
Telephone		Email	

Please sign your appeal here.

Signed:		Date:	
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If this form is completed by a Junction Australia employee on behalf of the appellant please sign below to indicate that the details recorded on this form are a true account of the details provided by the appellant:

Signed:		Date:	
Name and Position:			

Please return this form to Junction Australia
 By mail or in person: 168 Greenhill Road, Parkside SA 5068
 By email: housing@junctionaustralia.org.au