

# APPEALS REQUEST FORM

Document No: HS075.3

TENANT DETAILS			
First Name:		Surname:	
Address:			
Suburb:		State:	Postcode:
Phone (home):		Email:	
Are you a resident? Please tick one item from the list.		Yes	No
What does this appeal relate to? Please tick one item from the list.		Applications	Rental Subsidy
		Transfers	Water Usage Charges
		Rejection of Reasonable Offer	Property Modifications
		Succession	Absence from Dwelling
Why would you like this decision reviewed?		Please write your reasons below.	
Preferred outcome (what do you want us to do?)		Please write your reasons below.	
Lodging this appeal for someone else? Please tick a box.		Yes	No
Please write their name here:			
I authorise the following person to submit this form on my behalf		Yes	No N/A
Please write their name here:			
I authorise Evolve Housing to correspond with the following person in regards to this form		Yes	No N/A
What is your preferred method of contact with us:		Phone	Email

Once complete please return this form to your Housing Manager or email [myevolve@evolvehousing.com.au](mailto:myevolve@evolvehousing.com.au)

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