



## Application For Review Of Decision

### PLEASE ANSWER ALL QUESTIONS

Before you complete this form, you may wish to contact the person who made the decision. New information or changed circumstances may affect the original decision.

Please attach to this form, any documents you think will help your case or show that the Housing ACT decision may need to be re-considered.

When you have completed this form, you can hand deliver the form to Gateway Services or send it to:

The Manager  
Operational Services Unit  
Housing ACT  
Locked Bag 3000  
BELCONNEN ACT 2616

Please notify Housing ACT if your address or telephone numbers change.

**First level review**  Office use only    **Second level review**

Please complete all details below

Reference Number <small>(Account No. or Registration No.)</small>			
Name			
Address			
Telephone	<small>Home</small>	<small>Work</small>	<small>Mobile</small>
Do you require and interpreter? If YES, what is your preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No .....		

### Advocate or Other Contact Person

If you would like to nominate a person to act as a representative on your behalf, or would like someone else to know details of your appeal (e.g. Community Worker, Financial Counsellor, Doctor, etc) please complete this section.			
Name of Advocate / Helper			
Organisation of Advocate			
Address			
Telephone	<small>Home</small>	<small>Work</small>	<small>Mobile</small>

