

Contact Details

<b>Name</b>			
<b>Address</b>		<b>Suburb</b>	
<b>Phone</b>		<b>Email</b>	

**1. Appeal Type** (Please tick box to indicate what your appeal is about)

<p><b>Social Housing Application or Transfer</b></p> <p><input type="checkbox"/> Eligibility for social housing or transfer</p> <p><input type="checkbox"/> Eligibility for priority social housing or priority transfer</p> <p><input type="checkbox"/> Locational need</p> <p><input type="checkbox"/> Relocation of tenant for management purposes</p> <p><input type="checkbox"/> Housing entitlement if granted transfer</p> <p><b>Rental Subsidy Assessment</b></p> <p><input type="checkbox"/> Calculations, changes to or cancellation of a rental subsidy</p> <p><b>Modification of Property</b></p> <p><input type="checkbox"/> Need for modification for disability/medical reasons (not maintenance or upgrade issues)</p> <p><input type="checkbox"/> Tenant improvement of property reimbursement</p> <p><b>Absence From Dwelling</b></p> <p><input type="checkbox"/> Permission to be absent and rent calculations</p> <p><b>Joint Tenancies</b></p> <p><input type="checkbox"/> Eligibility for joint tenancies</p>	<p><b>Offer of Property-Transfer</b></p> <p><input type="checkbox"/> Whether reasonable offer made and if the offer counted for purposes of offer policy</p> <p><b>Fixed Term Leases</b></p> <p><input type="checkbox"/> Conditions and renewal eligibility</p> <p><b>Head Leasing</b></p> <p><input type="checkbox"/> Relocating tenants to other social housing at expiry of head-lease. Tenants cannot appeal about obtaining head-lease housing.</p> <p><b>Additional Occupants</b></p> <p><input type="checkbox"/> Approval of additional occupants</p> <p><b>Tenant Charges</b></p> <p><input type="checkbox"/> Charges at vacating the dwelling where not covered by a CTTT decision</p> <p><input type="checkbox"/> <b>Other:</b> _____</p>
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**2. Appeal Details** (What decision did we make that you want changed?)

**3. Information**

a) Have you already discussed this matter with a staff member?  Yes  No

Comment:	
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<b>b) Were you told why the decision was made?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment:	
<b>4. Resolution Required</b> (What do you want us to do?)	
<b>5. Additional Details</b> (It may be helpful to provide any additional information; or further explain why you believe the decision should be changed)	

**Please attach extra pages and/or any supporting documentation you wish to include and send to: Chief Executive Officer, Pacific Link Housing Ltd. PO Box 1888, Gosford NSW 2250.**

<b>Signature</b>		<b>Date</b>	
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**Privacy Notice:**

Pacific Link Housing requires you to provide the information above so that we can respond to your complaint. PLH will not disclose your personal information to anybody else unless we are required to do so by law – for example if the information is needed in an emergency or for law enforcement purposes. Providing us with the requested information is not required by law. However if you choose not to provide us with the requested information PLH will not be able to resolve your complaint. You may request access to your information at any time. To access or update your personal information, or for more information on our privacy obligations, ask to speak to our Privacy Officer or email [info@pacificlink.org.au](mailto:info@pacificlink.org.au).