



Please return your completed form to:
YourPlace Housing 9 Bryon Place ADELAIDE SA 5000 complaintsandappeals@yourplacehousing.com.au

Your Details			
Surname		First Name	
Street Address			
Suburb		Postcode	
Mobile		Home/Work	
Email			

Please indicate what decision you want to appeal. Click/tick the relevant box		
<input type="checkbox"/> Assessment of eligibility for housing	<input type="checkbox"/> Modification to a property for disability/medical reasons only	<input type="checkbox"/> Transfer Request
<input type="checkbox"/> Permission to keep a pet	<input type="checkbox"/> Rent calculation, water, or other charges	<input type="checkbox"/> Additional occupant applications
<input type="checkbox"/> Property maintenance or refurbishments	<input type="checkbox"/> Other, please specify	

Please tell us why you want to appeal this decision and anything we should be aware of so we can review our decision based on all the facts. You can also attach copies of any relevant documents, letters, etc that supports your application

Have you already discussed this with a YourPlace Housing staff member?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please tell us when this occurred and who you dealt with	

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)? If so, please provide their details.		
Name of advocate		Relationship or name of Agency
Telephone		Email

Please sign your appeal here	
Signed:	Date:
Name:	
Address:	
Phone No:	Email:

OFFICE USE			
Received by		Date Received	