

Salvos Housing Tenant Appeal Form

Name:

Date:

Contact Number:

Email Address:

Postal Address:

I wish to appeal the decision that has been made about: *(tick a box)*

My eligibility for housing

The rent I am being charged

The location of my housing

The termination of my tenancy

Something else (please provide details below)

Other comments:

Appeals and Tenant Feedback Policy

Tell us what you think should happen and why

Signature: _____

Date: _____

By signing this form you declare all information given is accurate and truthful.

What is your preferred way of having us respond to you?

- | | | | |
|-----------|--------------------------|--------------------------|--------------------------|
| By phone | <input type="checkbox"/> | By email | <input type="checkbox"/> |
| By letter | <input type="checkbox"/> | No response is necessary | <input type="checkbox"/> |

How do I lodge this form?

In person

Hand the form directly to your tenancy manager (or case worker)

By mail

Salvos Housing
PO Box A435
South Sydney NSW 1235

By email

Salvos.housing@aue.salvationarmy.org

For any further queries call us on: **02 9266 9597**