

# PORTWAY HOUSING ASSOCIATION APPEAL FORM

To assist Portway Housing in addressing your appeal, please provide the following information.

|                  |               |                 |
|------------------|---------------|-----------------|
| <b>Name</b>      |               |                 |
| <b>Address</b>   |               |                 |
| <b>Telephone</b> | <b>(Home)</b> | <b>(Mobile)</b> |
| <b>Email</b>     |               |                 |

Would you like Portway to contact you whilst the investigation is undertaken?  **Yes**  **No**

Do you require an interpreter?  **No**  **Yes (What Language)** \_\_\_\_\_

**What is your appeal regarding? (Please tick ✓ )**

- |  |   |   |
|--|---|---|
| Transfer <input type="checkbox"/>        | Tenant charges <input type="checkbox"/>         | Modification to a property <input type="checkbox"/> |
| Relocation <input type="checkbox"/>      | Water charges <input type="checkbox"/>          | Upgrading property <input type="checkbox"/>         |
| Market Rent <input type="checkbox"/>     | Former tenant charges <input type="checkbox"/>  | Repair and maintenance <input type="checkbox"/>     |
| Rent arrears <input type="checkbox"/>    | Joint tenancies <input type="checkbox"/>        | <b>Other:</b> <input type="checkbox"/>              |
| Rent subsidy <input type="checkbox"/>    | Absence from property <input type="checkbox"/>  | _____   |
| Pet(s) <input type="checkbox"/>          | Additional occupant(s) <input type="checkbox"/> | _____   |
| Use of premises <input type="checkbox"/> | Eviction notification <input type="checkbox"/>  | _____   |

Please provide information relating to your appeal. If insufficient space please attach additional pages.

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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)?

**Name of advocate** \_\_\_\_\_ **Relationship/Agency**  
\_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Email**  
\_\_\_\_\_

**Privacy notice**

The information we collect from you, or from an authorised third party, may be held by Portway Housing and used to deliver services and/or for purpose required or authorised by law. Portway Housing may also use your information to assess, plan, coordinate or improve our services.

Portway Housing may also disclose your information to third parties if you have consented to the disclosure, or if the disclosure is required or authorised by law. Information provided to Portway Housing may be stored using an overseas data storage provider.

Portway Housing has and will continue to comply with state and federal privacy legislation when collecting, using and managing your personal and/or sensitive information.

If you choose not to provide your personal and/or sensitive information to Portway Housing, it may impair our ability to provide services to you.

Our Privacy Policy contains information about how you can access and/or correct your personal information.

Our Privacy Policy and further information about privacy can be obtained from our website [www.ucwpa.org.au/community/portway-housing-association](http://www.ucwpa.org.au/community/portway-housing-association) or by contacting our office on 8440 2244 or by emailing [portwayadmin@ucwpa.org.au](mailto:portwayadmin@ucwpa.org.au).

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

If the appeal is recorded by a Portway Housing employee, please complete the following section:

I verify the details I have recorded on this form are a true account of the details provided by the appellant

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**The Appeal Form must be sent or delivered to:**

**Portway Housing**, 70 Dale Street, Port Adelaide SA 5015 or PO Box 3032 Port Adelaide SA 5015