



**THIS FORM IS USED TO REVIEW THE FOLLOWING  
REVIEWABLE DECISIONS UNDER THE  
*Housing Act 2003*:**

- (A) a decision about a person's **eligibility** for a social housing service;
- (B) a decision about the **type** of social housing service to be provided to a person;
- (C) a decision about the **place** where a social housing service is to be provided to a person;

For information about '***eligibility, type, and place***' examples refer to the Fact Sheet – ***What is a Reviewable Decision?***

**Note: Any other decisions are to be managed under the department's Complaints Management Policy.**



# APPLICATION FOR REVIEW

For review of reviewable decisions under  
Part 6 of the *Housing Act 2003*

## Form 1 – Housing Clients

**This form is to be used for an application under Section 65 of the *Housing Act 2003* (the Act) to apply for review of a decision under Section 63, 1a, 1b & 1c (i.e. Eligibility, Type & Place) of the Act relating to the provision of a social housing service.**

An application for review under Section 65 of the Act must be made by completing this approved form and be supported by enough information to enable the Director-General of the Department of Housing and Public Works (HPW) or delegate to decide the application.

The completed form and any supporting documents are to be forwarded to the Housing Review Unit, Department of Housing and Public Works, GPO Box 2457, Brisbane 4001. For enquiries, telephone **1300 364 560** or Email [corporate.HARU@hpw.qld.gov.au](mailto:corporate.HARU@hpw.qld.gov.au)

### Privacy Statement – Please Read

Information on this application form is collected for purposes related to determining and implementing a decision and will be given to other persons as necessary to assess and resolve the issues raised. The department may also use this information for its housing-related research, policy or planning functions. Personal information will only be disclosed to third parties with your consent or in accordance with the Queensland Government's *Information Privacy Act 2009*.

Department of HPW Reference No.						
Name and Details of Applicant/s	(please circle)	Mr	Mrs	Miss	Ms	Other.....
Name						
Address					Post Code	
Telephone (Home)		(Work)		Mobile		
Do you require an interpreter or other assistance?	(please circle)	Yes	No			
If yes, what language or type of assistance?						
If you would like another person to act as a representative on your behalf (for example, support worker, solicitor, financial advisor, counsellor, doctor), please complete this section. By providing details in this section and signing this application form, you authorise and consent to the Department and its officers contacting the person/s named, disclosing your personal information to the person/s and their agency (if applicable) and for the person/s to make representations on your behalf.						
Name of representative						
Agency (if applicable)						
Contact Address					Post Code	
Telephone (Home)		(Work)		Mobile		
<b>Reviewable Decision Details</b>						
Circle the decision you are applying for a Review.	<b>(A) ELIGIBILITY</b> <b>(B) TYPE</b> <b>(C) PLACE</b>					
Name and office of decision maker						
Date of the decision						

