

Appeal Form

To assist SGCH Victoria and its related bodies corporate in addressing your appeal, please provide the following information.

Name			
Address			
Telephone	(Home)	(Mobile)	
Email			
Would you like SGCH Victoria to contact you whilst the investigation is undertaken?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you require an interpreter?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Language	

Applicants

(Not yet living in an SGCH Victoria Property)

What is your Application Reference Number?	
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What is your appeal regarding? (Please tick)

<input type="checkbox"/> Tenancy reinstatement	<input type="checkbox"/> Waiting list closure	<input type="checkbox"/> Transfer declined
<input type="checkbox"/> Housing entitlement	<input type="checkbox"/> Reasonable offer	<input type="checkbox"/> Other
<input type="checkbox"/> Mutual swap	<input type="checkbox"/> Priority housing eligibility	
<input type="checkbox"/> Housing eligibility	<input type="checkbox"/> Relocation for management purpose	

SGCH Victoria Renters

What is your appeal regarding? (Please tick)

<input type="checkbox"/> Transfer	<input type="checkbox"/> Rental charges	<input type="checkbox"/> Modification to a property
<input type="checkbox"/> Relocation	<input type="checkbox"/> Water charges	<input type="checkbox"/> Home improvement for relocation
<input type="checkbox"/> Market rent	<input type="checkbox"/> Former rental chargers	<input type="checkbox"/> Upgrading property
<input type="checkbox"/> Rent arrears	<input type="checkbox"/> Under occupancy	<input type="checkbox"/> Repair and maintenance
<input type="checkbox"/> Rent subsidy	<input type="checkbox"/> Joint rental agreements	<input type="checkbox"/> Mutual exchange of tenancies
<input type="checkbox"/> Pet(s)	<input type="checkbox"/> Absence from a property	<input type="checkbox"/> Succession of rental agreements
<input type="checkbox"/> Use of premises	<input type="checkbox"/> Additional occupant(s)	<input type="checkbox"/> Other

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	(Home)	(Mobile)
Email		

Please provide information relating to your appeal.

If insufficient space, please attach additional pages.

Privacy notice

We SGCH Victoria Limited and its related bodies corporate) collect and use personal information about you to deliver our services to you, including processing your application, managing your tenancy, and communicating with you. We may also collect and use personal information about you for reporting purposes to meet our contractual, legal or regulatory obligations, and as otherwise described in our Privacy Policy. We may be required by *Housing Act 1983* (Vic) and other contractual or regulatory requirements to collect certain personal information to verify your identity, confirm eligibility and assess your requirements.

We may disclose personal information about you to third parties, for the purposes described above. We may also disclose personal information about you to other third parties where you have given us permission, or if we are legally required or authorised to do so.

We may also collect, use and disclose health information or other sensitive information about you for the purposes described above. We may disclose health information to relevant government agencies in Victoria. Where we collect this information about you, we will obtain your consent to do so, unless otherwise permitted or required by law.

If you choose not to provide your personal information to us, we may not be able to process your application or provide services to you.

Our Privacy Policy has information about how you can access and/or correct personal information we hold about you and how you can make a privacy complaint.

You can read our Privacy Policy and get more information about privacy from our website www.sgch.com.au or by calling our office on 1800 573 370 or by emailing privacyofficer@sgch.com.au.

Signature		Date	
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If the appeal is recorded by a SGCH 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.

Name		Signature	
Position		Date	

Once complete, you can submit this form by email, post, or in person at any of our offices.

Email: victoria@sgch.com.au

Post: Level 2B, 818 Whitehorse Road, Box Hill VIC 3128

In person: Box Hill

Got questions?

Call us: 1800 573 370

Email us: victoria@sgch.com.au

Check our website: sgch.com.au/victoria