



Housing Appeals Committee

ADVOCATE AUTHORITY FORM

I _____
(Client's name) (Date of Birth)

of _____
(Client's Address)

give authority to

(Name of person authorised)

of _____
(Name of support organisation: if appropriate)

Postal Address: _____
_____ NSW _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

To (cross out any that are not applicable):

- talk with the Committee regarding my appeal for housing assistance
- advocate on my behalf
- receive copies of all correspondence from HAC

Signed: _____ Date: _____
(Client's signature)

FAX :- (02) 8741 2566
EMAIL :- hac@facns.w.gov.au