

Community Housing Tenant Request for Alteration / Addition



Your details			
Full name			
Address of property			
Phone			
Email			
Preferred method of contact	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Email

Request details	
What are you requesting	Location
i.e. air-conditioner	lounge room

Do you have a NDIS Support Plan?	
<input type="checkbox"/> Yes, please provide details of your support coordinator below	<input type="checkbox"/> No

NDIS Support Coordinator	
Name:	
Contact details:	

I understand:

- If my request is approved I may be asked to remove or make good any alteration/addition at my own cost at the end of tenancy

Tenant name	
Tenant signature	
Date	