

Application to Relinquish to reinstate

This form is used to seek prior approval from the CEO (Housing) to relinquish and apply to reinstate a tenancy.

CEO (Housing) will attempt to reinstate an approved applicant within 12 months of application for allocation being submitted. The reinstatement will be dependent on available stock and within the terms of the Wait list, Priority and Allocation and Commencement of a Tenancy policies.

Client details			
Client 1			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	Date of birth	/ /
Full name			
Contact number(s)			
Email			
Client 2			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	Date of birth	/ /
Full name			
Contact number(s)			
Email			
Premises details			
Address			
		Post code	
Reason for relinquishment and reinstatement, and length of absence			
<input type="checkbox"/> Domestic and family violence <input type="checkbox"/> Attending Sorry Business or other cultural obligation <input type="checkbox"/> Incarceration <input type="checkbox"/> Community unrest <input type="checkbox"/> Seeking medical treatment or providing care <input type="checkbox"/> Study or temporary employment <input type="checkbox"/> Other:	(Where possible, please provide supporting documents to assist assessing your application and provide brief description here)		
How long will you be away?	From:	/ /	To: / /

Declaration by clients – Read the following sections carefully before signing

I/We (Full name)

(Full name)

- Understand that I/we may be prosecuted under the *Housing Act 1982* of the Northern Territory should I/we deliberately make a false or misleading statement in this application.
- Authorise the Chief Executive Officer (Housing) to confirm any personal and financial background relevant to this application.
- Understand that I/we must advise the CEO (Housing) of any changes to my/our circumstances (for example changes in income, contact details, or household size) that may affect this application.
- Have had these responsibilities explained to me/us and understand I/we will be required to confirm and update the information contained in this application every six months if this application is approved by CEO (Housing).

Client 1

Full name			
Signature		Date	/ /
Witness full name			
Witness signature		Date	/ /

Client 2

Full name			
Signature		Date	/ /
Witness full name			
Witness signature		Date	/ /

Declaration - Disclaimer

Territory Families, Housing and Communities collects only your personal information which is necessary to provide housing assistance under the *Housing Act 1982* and its Regulations. If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act 2002* (NT). You have a right to access and correct the information held about you. If you have any queries or concerns please contact Freedom of Information, Department of Corporate and Digital Development on (08) 8999 1793, email FOI@nt.gov.au or write to GPO Box 2391, Darwin NT 0801.

Office use only			
TMS Group number		Staff name / User ID	
TRM Number		Date application received	/ /
Recommendation – To be completed by the Action officer			
It is recommended that the Delegate:			Reason:
<input type="checkbox"/> Extended absence	Note		
<input type="checkbox"/> Access arrangement	N/A / Approve / Not Approve		
<input type="checkbox"/> Caretaker or Subtenancy arrangement	N/A / Approve / Not Approve		
<input type="checkbox"/> Reinstatement	N/A / Approve / Not Approve		
Additional Comments			
Action Officer name		Position title	
Signature		Date	/ /
Endorsement– To be completed by the Endorser (Where applicable)			
Decision			Reason
<input type="checkbox"/> Extended absence	Noted		
<input type="checkbox"/> Access arrangement	N/A / Endorsed / Not Endorsed		
<input type="checkbox"/> Caretaker or Subtenancy arrangement	N/A / Endorsed / Not Endorsed		
<input type="checkbox"/> Reinstatement	N/A / Endorsed / Not Endorsed		
Additional comments			
Delegate name		Position title	
Signature		Date	/ /

Delegate decision- To be completed by the Delegate			
Decision		Reason	
<input type="checkbox"/> Extended absence		Noted	
<input type="checkbox"/> Access arrangement		N/A / Approved / Not Approved	
<input type="checkbox"/> Caretaker or Subtenancy arrangement		N/A / Approved / Not Approved	
<input type="checkbox"/> Reinstatement		N/A / Approved / Not Approved	
Additional comments			
Delegate name		Position title	
Signature		Date	/ /