

Visitor extended stay application

This form is for a public housing tenant who is applying for a visitor/s stay with them for more than 14 days. Only a tenant who has signed the tenancy agreement can use this form.

Tenant details			
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			
Residential Address			
Contact number		Mobile	
Email			
Visitor details			
Start date visitor/s intends to stay	/ /	Number of days your visitor/s intends to stay with you	
Number of visiting adult/s		Number of visiting children (under 18 years)	
Why do your visitor/s need to stay longer than 14 days? (For example: medical appointment, visit family, to attend a sporting or cultural event, restricted from returning home by the weather, school holidays)			

Only adult visitors' details are required below. Visitors must be able to provide evidence of a permanent residence elsewhere. You can provide details of more visitors on another page, if needed.

Visitor 1 details			
Full name			
Current permanent residential address			
Contact number		Other contact	

Visitor 2 details			
Full name			
Current permanent residential address			
Contact number		Other contact	
Visitor 3 details			
Full name			
Current permanent residential address			
Contact number		Other contact	
Visitor 4 details			
Full name			
Current permanent resident address			
Contact number		Other contact	
Tenant Declaration			
<p>I, _____</p> <ul style="list-style-type: none"> • Would like to apply to have the visitors detailed in this form, stay with me for an extended period of time in a public housing premises. • Confirm the information contained in this application is true and correct to the best of my knowledge. • Understand that I will tell the Department of Territory Families, Housing and Communities of any changes about my visitors, including how long they will be staying. • Understand that I can ask for help from the Department of Territory Families, Housing and Communities with managing my visitors. 			
Tenant Signature			Date / /

Disclaimer

The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on tfhc.nt.gov.au or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.

OFFICE USE ONLY – Assessment by Housing Officer

Group number		Current entitlement	___ Bedroom(s)
Have any visitors had a past tenancy with the Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, past group number/s	
Have any visitors been involved in ASB complaints or incidents in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the tenant had assistance to manage visitors in the past? E.g. support services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is sufficient proof of a permanent residential address provided and attached, for all visitors 18 years and over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will visitors cause overcrowding at the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY – Delegate to complete

Decision	<input type="checkbox"/> Approved / <input type="checkbox"/> Not Approved		
Delegate name			
Position title			
Delegate Signature		Date	/ /

OFFICE USE ONLY - TMS to be updated by Housing officer		
Housing officer ID/ name		
TMS 1.7 Communications screen updated	Date	/ /
If the application is approved – update TMS 1.9 Client group request screen– Visitor details	Date	/ /