Application for social housing form

What is this form for?

This is an application form for the social housing wait list in the Northern Territory. By completing this application, you consent to the CEO (Housing) sharing your information with a Community Housing Provider for the purpose of providing you accommodation.

Need help filling out this form?

You can ask someone to help you complete this form such as a friend, relative or supporting agency worker. If you need an interpreter, please let your local Housing office know.

You will need to complete the Authorisation to Disclose Personal Information form, on page 8, if you would like us to share information about you and/or your application with another person or support agency.

By completing this application, you consent to the CEO (Housing) sharing your information with a Community Housing Provider for the purpose of providing you accommodation.

You will also need to complete the Income Confirmation Scheme form, on page 10, if you would like us to obtain your Centrelink payment information.

When completing the form, please read all questions carefully and provide all details requested. When you have completed the application form you also need to complete the Checklist, on page 7, this will remind you to obtain the supporting documentation you need when submitting your application. Finally, you will need to sign the declaration and have this application form sighted by a Housing office staff member.

Telephone Interpreter Services

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450 Para falar connosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.

Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.

หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450 ทุกเด็กเกมสห์เสูง เช็เเกกสุกธล่งอิเมเเสนอนเซ็มดู้เล่นเหมือนก่องเข้าต เกลยงเข้า เกลยงเหมือนกับครับมาเกลยจะมัก การเลย 131450 ฯ

ကျွန်ုပ်တို့နှင့် အင်္ဂလိပ်ဘာသာစကားမဟုတ်သော ဘာသာစကားဖြင့် ပြောလိုပါက တယ်လီဖုန်းဖြင့် ဘာသာပြန် ဝန်ဆောင်မှုကို 131450 တွင် ခေါ်ဆိုပါ။

Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.

لكى تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

What is social housing?

Social housing is subsidised accommodation that is managed by government and non-government organisations. Community housing and public housing are both social housing providers.

Social housing providers manage a variety of properties within the Northern Territory and are responsible for the collection of rent and property management, which includes inspections, maintenance, and repairs.

Social housing providers in the Northern Territory calculate weekly rent at 25% of household income. If you submit this form, you are applying for any social housing property that meets your needs.

Am I eligible, and do I need to provide documentation?

Eligibility for social housing is outlined in the fact sheet, Eligibility criteria for social housing. You will need to meet the set eligibility criteria and provide all required documentation. If eligible, you will need to provide:

- Identification documents for all household members and/or Centrelink family statement; and
- Proof of household income, such as wages slips, Centrelink income statements or compensation payouts; and
- Proof of Assets, such as your recent bank statements. We will need all bank accounts held by household members aged 18 years+.



If you authorise us to obtain your Centrelink information directly from Services Australia, please note that we will only receive information regarding your benefit payments. If you receive wages in addition to Centrelink payments, Centrelink cannot share your employer information with us.

What if I want to add more people to my application but there is no space in the form?

If you want to add more people to your application, please ask for an Additional household members form.

What happens once I submit my application?

If you live near a housing office, you will need to submit your application and documents at your local housing office. A staff member will check that your application is complete, and that you have attached all documentation we need to assess your application. Incomplete applications will not be accepted.

If the application is complete, we will assess your eligibility for social housing, priority housing or a transfer. You may be required to provide additional supporting documentation if we cannot complete our assessment.

When will I know the outcome?

We cannot provide a timeframe for processing your application, due to some applications being more complex than others, however you will receive a letter letting you know the outcome of your application. If your application is approved, our systems will reflect the date we received your application, so that you are not disadvantaged by any processing time.

When will I be offered accommodation?

Allocations are dependent on the availability of housing stock, which is linked to the number of people leaving social housing. We also consider your wait time and housing readiness, ability to provide tenancy references and bond. With circumstances differing for each applicant, we can only provide estimated wait times, which you can find by visiting our website, tfhc.nt.gov.au.

How do I apply to be considered a priority applicant or to transfer?

You can apply for priority status or a transfer by completing this form, including Part B (Request Priority housing or a Transfer). You will need to provide supporting documents with your application, including any letters of support from your treating health professional and/or support agency. You will only be approved if you can meet the eligibility criteria. We have a fact sheet called Information for Support agencies, which will assist your supports to write an acceptable support letter for your application.

Disclaimer - you are responsible for your information.

It is your responsibility to keep the CEO (Housing) informed about any changes to your circumstances within 28 days of the change. These changes may affect your application, such as the number of bedrooms required or the area you need housing. Changes in circumstances may include the birth of a child, changes in your contact details, a change in household income and any change to the household members.

Failure to update the CEO (Housing) of any changes to your contact details may result in an extended wait time or the cancellation of your application.

| Housing application lodgement receipt | | | | |
|---------------------------------------|--|----------------|--|--|
| Applicant's full name | | | | |
| Staff ID | | Date submitted | | |
| TRM reference no | | TMS Group # | | |

| Part A - Your application | | | | | | |
|---|--|---|--|--|--|--|
| Do you require an interpreter? | □ No □ Yes (please specify language) | | | | | |
| Type of Application | General □ Priority □ Transfer □ Prison Referral □ Prison release date: / / | | | | | |
| Please select the area where you would prefer to be housed: | ☐ Casuarina ☐ T | atherine Alice Springs ennant Creek Nhulunbuy own Camp Remote | | | | |
| If a Remote or Town Camp, please specify region/camp: | | | | | | |
| Please list the schools/colleges children attend. | | | | | | |
| How many household members in total, including | Adults (aged 18+) 1 🗆 2 🗆 | 3 🗆 4 🗆 5 🗆 6 🗆 | | | | |
| yourself? | Children (aged 0-17) 1 □ 2 □ | 3 🗆 4 🗆 5 🗆 6 🗆 | | | | |
| | | | | | | |
| Part B - Request Priority ho | using or a Transfer | | | | | |
| Disclaimer - The information collected below is to help us to understand your need for priority housing or a transfer. You will need to fill in Part A to Part E to be considered for priority housing or a transfer. Information on supporting document required can be found within the fact sheet mentioned in the Instructions on page 1 of this form. If you do not provide the required information, the Department of Territory Families, Housing and Communities may not be able to assist you. The information collected will not be disclosed to anyone without your consent, in accordance with the Information Privacy Principles scheduled in the Information Act 2002 (NT). | | | | | | |
| Your current living situation | | | | | | |
| Why are you seeking Priority status? | ☐ At risk of homelessness ☐ Serious social/family reasons ☐ Domestic or family violence ☐ Serious medical reasons ☐ Transition to Independence (exiting care of CEO (Housing)) | | | | | |
| Why are you seeking a Transfer? | ☐ Domestic or family violence ☐ Serious social/family reasons ☐ Serious medical reasons | | | | | |
| Have you attached supporting do for your priority or transfer appli | ocumentation outlining the reason cation? | ☐ No ☐ Yes You must submit supporting documents with Priority or Transfer applications. | | | | |

Part C - Your household details

You must provide all the details requested below for your household.

Applicant 1 and Applicant 2 are signatories on the lease and are responsible for the tenancy, payment of rent and any damages made to the property.

Another household member may be another adult or a child. They are not signatories on the lease.

| Personal Information | Applicant 1 | Applicant 2 |
|--|-------------------------|-------------------------|
| Title (Mr/Mrs/Ms/Miss) | | |
| First name | | |
| Surname | | |
| Other known name | | |
| Relationship to you | | |
| Gender | Male □ Female □ Other □ | Male ☐ Female ☐ Other ☐ |
| Date of Birth | / / | / / |
| Current Address | | |
| Phone number(s) | | |
| Aboriginal | YES □ NO □ | YES □ NO □ |
| Torres Strait Islander | YES □ NO □ | YES □ NO □ |
| Do you have a medical condition? | | |
| Do you have mobility requirements? | | |
| | Centrelink | Centrelink |
| How do you receive your | Wages □ | Wages □ |
| income? | Self employed □ | Self employed \square |
| | Other | Other |
| | Centrelink statement □ | Centrelink statement □ |
| What Income documents are you attaching? | Payslips | Payslips |
| | ATO statement | ATO statement |
| | Other | Other |
| Other documents. | Identification document | Identification document |
| | Support document | Support document |

Part C - continued.

You must provide all the details requested below for your household.

Another household member may be another adult or a child. They are not signatories on the lease.

| Personal Information | Another Household Member | Another Household Member |
|-------------------------------------|------------------------------|----------------------------|
| Title (Mr/Mrs/Ms/Miss) | | |
| First name | | |
| Surname | | |
| Other known name | | |
| Relationship to applicant 1 | | |
| Gender | Male □ Female □ Other □ | Male □ Female □ Other □ |
| Date of Birth | / / | / / |
| Current Address | | |
| Phone number(s) | | |
| Aboriginal | YES NO | YES NO |
| Torres Strait Islander | YES □ NO □ | YES □ NO □ |
| Do they have a medical condition? | YES NO | YES NO |
| Do they have mobility requirements? | YES NO | YES NO |
| | No income (under 18 years) □ | No income (under 18 years) |
| How do they receive their | Centrelink □ Wages □ | Centrelink □ Wages □ |
| income? | Self employed □ | Self employed □ |
| | Other | Other |
| | Centrelink statement □ | Centrelink statement □ |
| What Income documents | Payslips | Payslips |
| are you attaching? | ATO statement | ATO statement |
| | Other | Other |
| Other documents they must provide. | Identification document | Identification document |
| | | |

Part D - Declaration and Signatures

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) 8999 2602.

| I/We | (| (Full name/s) |
|------|---|---------------|
| | (| (Full name/s) |

- 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. Maximum penalty: 100 penalty
 units.
- Authorise the Department of Territory Families, Housing and Communities staff to confirm any personal and financial background relevant to this application.
- Understand that I/we must advise the Department of Territory Families, Housing and Communities 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.

| Applicant 1 full name | | Date | |
|---------------------------|---------------|------|---|
| Signature | | / | / |
| Staff ID | | Date | |
| Staff signature | | / | / |
| Applicant 2 full name | | Date | |
| Signature | | / | / |
| Front Counter Staff to co | mplete below, | | |
| Staff 3 digit ID | | Date | |
| Staff signature | | / | / |

Part E - Your checklist and permissions

Part E must be completed by the applicant before submitting the form at a housing office. It is to ensure the Department has all necessary documents to provide you with an outcome.

If any part of the application form is incomplete or supporting documents are not provided, or insufficient, this application will not be accepted.

It is important that you complete the following checklist to prevent a delay in processing.

You must select YES or NO for all questions below.

When you submit this application, we will check that you have provided the necessary documentation. If the form is not completed correctly, or you are unable to provide all the required documentation, this form will be returned to you.

| Your Application | Applicant | Front Counter |
|--|------------|---------------|
| Is part A, 'Your application', completed? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Is part B, 'Request priority housing or a transfer', completed? (only compulsory if applying for priority or a transfer) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Is part C, 'Your household details' completed? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Is part D, 'Declaration and signatures' completed? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Your documentation | | |
| Have you attached supporting documents if applying for priority or a transfer? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Have you attached the identification documents for all persons listed on this application? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Have you attached proof of income for persons aged 18+ years old? (e.g., wage slips, Centrelink statement) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Have you attached proof of assets for persons aged 18+ years old? (you must provide bank statements for all bank accounts) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Your Permissions/Authorisation to act on your behalf | | |
| Would you like us to discuss your housing application with your support agency or legal representative? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If yes, you must complete the 'Authorisation to disclose information', page 8. (Please note that an authorisation is only valid for up to 12 months) | | |
| Would you like us to obtain your Centrelink income details for you? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If yes, you must complete the 'Income Confirmation Scheme form' for all Centrelink recipients, page 10. | | |

Authorisation to disclose personal information

Under the Information Act 2002, the Department of Territory Families, Housing and Communities cannot supply your personal information to anyone without your consent.

If you wish to consent to the release of information to a particular person or organisation, please complete and sign this form.

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450
Para falar connosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.
Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.
หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการสามทางโทรศัพท์ หมายเลข 131450

ทุกรัสพภพสัญญ เนินกรุสตลัสเกเซตขุนเสนิสู่แทนหนูทางเหตุลระยุ่น มุขทรงสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการสามทางโทรศัพท์ หมายเลข 131450 า

กลูล์ข้อรู้จุร ขอ้องข้อภาษาออกระยุจุดระมา บางมาออกระยุรี อยู่จุดระมาใหญ่ อนุจะมายโล้ จุลัยมาร์ จุดรัส 131450 จุธ อน์ให้เป็น

Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.

| 1. Applicant details | | | | |
|--------------------------|--------------|------------------|-----------------------------|--------------------------|
| This authorisation is va | alid from th | ne date of my si | gnature on the reverse of t | his form: |
| ☐ A single disclose for | 30 calenda | ar days | ☐ Ongoing case for a pe | eriod of up to 12 months |
| Title 🗆 Mr/ 🗆 Mrs/ 🗆 | ☐ Miss/ ☐ | Ms/ □ Other: | Date of birth | / / |
| Full name | | | 87 | 87 |
| Mobile number | | | Telephone B/H | |
| Email address | | | t. | do |
| Residential Address | | | | |
| Postal Address | | | | |
| Preferred contact meth | nod | ☐ Phone | □ Mail | □ Email |
| 2. Advocate or agency | details | . | | |
| Advocate or agency (Fe | ull name) | | | |
| Relationship | | | Mobile number | |
| Email address | | | Telephone B/H | |

| 3. Specific information to be provided | | | | | | |
|--|---------------------------------|------|-------------|------|-------------|--|
| Please attach additional pages if more space required | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. Client authorisa | tion | | | | | |
| l, | | | | | (Full name) | |
| authorise the release of the information described in section 2 to the person(s) or organisation named on this form. I understand that: Information will only be disclosed to the advocate or agent I have nominated to act in my interests for the nominated period on the front of this form My personal information will be treated in a confidential manner in accordance with the Information Privacy Principles at schedule two of the Information Act 2002 I am able to access and correct any information held about me And I can withdraw this consent at any time. | | | | | | |
| Signature | | | | Date | / / | |
| 5. 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 the information collected 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. | | | | | | |
| | | | | | | |
| 6. Office use only | | | | | | |
| Information releas | sed? □ Yes | □ No | Release dat | e / | / | |
| Released by (name | Released by (name and position) | | | | | |
| Signature | | | | | | |
| Once complete, place this form on the client's group file – For Housing also note on TMS. | | | | | | |

Income confirmation scheme

Use this form to give consent for the CEO (Housing) to obtain your income details direct from Centrelink. Please ensure all fields are completed in full. You must read all information in the Declaration before signing this form.

| | | | | | | 00 |
|---|--|--|---|--|--|---|
| Client Details | | | | | | |
| Title | □ Mr/ □ Mrs/ □ Ms/ □ Miss/ □ Other | | | | | |
| First name | | | | | | |
| Last name | | | | | | |
| Date of birth | | | CRN | | | |
| Address | | | | | | |
| Declaration | | | | | | |
| details and conconcession, rebate Services Austral I understand: The agency will card status, paymarrangements, phousing or a renterm of the contacting the | disclose personent type, partner status atal rebate. Ince signed, receipt (Housing of my circums of consent or | entrelink Confirmation estatus in order to enable in the confirmation to the confirmat | of that en CEO (House ayment, in ndepender customer agency and determine ide proof (| tment to determing quiry to the CEO (sing) including my come, assets, ded not Rate to confirm of the CEO (Housed provide it to the ed. | ne if I qua Housing). name, ad uctions, s my eligib ing), unles | lify for a dress, concession hared care bility for public ss I withdraw it by busing) so that my |
| Signature | | | | Date | / | / |
| Further Information 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 | | | | | | |
| Name of staff proce | ssing form | | | Date processed | on TMS | |
| TMS Group number | | | | TRM reference | | |