

Application for public housing form

Instructions

What is this form for?

The Application for public housing lets you apply for public housing, request a transfer, and be considered as a priority public housing applicant.

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. The Department can organise help from an interpreter to complete this form.

You will need to complete an Authorisation to Disclose Personal Information form if you wish for the Department to share information about you and/or your application with another person or agency.

When completing the form, please:

- Read all of the questions carefully;
- Show your answer with a tick where there are Yes/No boxes (for example: ✓);
- Attach any supporting documentation, if required;
- Sign the declaration; and
- Have this application form sighted and signed by an appropriate witness.

What supporting documents am I required to provide to apply for public housing?

There are a number of supporting documents that you must provide. Please refer to the following fact sheets to see what you need to supply:

- Eligibility criteria for public housing;
- Proof of identification;
- Proof of income;
- Priority housing;
- Support agencies and health professionals.

What happens once you submit your application?

Once you submit your form, the Department will review your application and check it is complete. If your application is complete a lodgement receipt will be provided to you with a reference number. This receipt is NOT confirmation that you will be placed on the public housing waitlist.

The Department will then assess your eligibility for public housing, priority or a transfer (if applicable). You will receive a letter letting you know of the outcome of your application. Please note that an incomplete Application for public housing form will not be accepted and will be returned to you or your nominated representative along with supporting documentation.

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.

How do I apply to be considered a priority housing applicant or to transfer to another public housing property?

You can apply at any time to be considered for priority housing or a transfer by filling out Part A (Personal details) to Part D (Request for priority housing or transfer) of the Application for public housing form. You will need to provide supporting documents with your application, including any letters of support from your treating health professional and/or support agency.

Request to transfer within public housing will only be approved if you can meet the general eligibility criteria for public housing, can demonstrate a satisfactory tenancy history and any additional requirements specific to the relevant transfer scheme.

Disclaimer – you are responsible for your information

It is your responsibility to keep the Department informed about any changes to your circumstances within 28 days of the change. These changes include:

- The birth of a child;
- Changes in your contact details;
- A change in household income;
- Any changes to household members on your application;
- Any other changes that may affect the outcome of your application for public housing.

Telephone Interpreter Services

Kuonea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450
 Para falar conosco 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
 ຫຼື ການສື່ສານ ພາສາອື່ນ ທີ່ບໍ່ແມ່ນພາສາອັງກິດ ກະລຸນາ ໂທ ສູນບໍລິການ ສູນບໍລິການ ສູນບໍລິການ ສູນບໍລິການ ສູນບໍລິການ 131450 ັ
 ຕ່າງສູນບໍລິການ ອາໄດ້ມີການບໍລິການແບບດັ່ງກ່າວ ການບໍລິການ ຕ່າງສູນບໍລິການ ຕ່າງສູນບໍລິການ ຕ່າງສູນບໍລິການ 131450 ຕ່າງສູນບໍລິການ
 Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.
 لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

Housing application lodgement receipt

Applicant's full name			
TFHC staff user ID			
TRM reference no		TMS Group no	
Housing office date stamp			

Application for public housing - form					
Please select the area where you would prefer to be housed:		<input type="checkbox"/> Darwin <input type="checkbox"/> Casuarina <input type="checkbox"/> Palmerston		<input type="checkbox"/> Nhulunbuy <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Community/region <input type="checkbox"/> Town Camp <input type="checkbox"/> Alice Springs	
Please list in order your preference of community/region		1			
		2			
		3			
Part A – Applicant 1					
Do you require an interpreter?		<input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:			ID documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name			Middle name(s)		
Last name					
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.					
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified			Date of birth	/ /
Residential or community address					
Postal address (if different from residential address)					
Home phone			Work phone		
Mobile phone			Email		
Are you of Aboriginal or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Have you been diagnosed with a disability?		<input type="checkbox"/> Not applicable <input type="checkbox"/> Psychological <input type="checkbox"/> Intellectual			
		<input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Other (please specify)			
Next of kin details					
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:				
Full name				Relationship to you	
Postal address					
Home phone			Work phone		
Mobile phone			Email		

Income - Attach documents to confirm income received over the past three months as follows:			
Source of income	Gross amount (before tax)	Documents attached	
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets - Attach documents to confirm your assets as follows:			
Assets	Gross amount (before tax) or estimated current value	Documents attached	
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part B - Applicant 2			
Do you require an interpreter?		<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No	
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:	ID documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle name(s)	
Last name			
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified	Date of birth	/ /
Relationship to applicant 1			
Residential or community address			
Postal address (if different from residential address)			
Home phone		Work phone	
Mobile phone		Email	

Part B – Applicant 2 continued

Are you of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander
☐ Do not identify as Aboriginal or Torres Strait Islander

Have you been diagnosed with a disability?

☐ Not applicable ☐ Physical
☐ Psychological ☐ Sensory
☐ Intellectual ☐ Other (please specify)
Next of kin details

Title

☐ Mr / ☐ Mrs / ☐ Ms / ☐ Miss / ☐ Other:

Full name

Relationship to you

Postal address

Home phone

Work phone

Mobile phone

Email

Income - Attach documents to confirm income received over the past three months as follows:

Source of income

Gross amount (before tax)

Documents attached

Wages

☐ Yes ☐ No

Pension / Allowance

☐ Yes ☐ No

Self-employment

☐ Yes ☐ No

Workers compensation

☐ Yes ☐ No

Other

☐ Yes ☐ No**Assets - Attach documents to confirm your assets as follows:**

Assets

Gross amount (before tax) or estimated current value

Documents attached

Bank account(s)

☐ Yes ☐ No

Fixed term deposits

☐ Yes ☐ No

Share investments (includes accessible superannuation funds)

☐ Yes ☐ No

Boat / caravan / any other recreational vehicles

☐ Yes ☐ No

Property and land / any other valuable saleable items

☐ Yes ☐ No**Part C – Household members**

Please complete the following for all other adult and child that will be living in the home with you.

Person 1 details				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		ID documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle name(s)		
Last name				
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified		Date of birth	/ /
Relationship to applicant 1				
Relationship to applicant 2				
Mobile phone		Other phone		
Is person 1 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Has person 1 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify)			
Income - Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:				
Source of income	Gross amount (before tax)		Documents attached	
Wages			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets - Attach documents to confirm your assets as follows:				
Assets	Gross amount (before tax) or estimated current value		Documents attached	
Bank account(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share investments (includes accessible superannuation funds)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person 2 details				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		ID documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle name(s)		
Last name				
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified		Date of birth	/ /
Relationship to applicant 1				
Relationship to applicant 2				
Mobile phone		Other phone		
Is person 2 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Has person 2 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify)			
Income - Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:				
Source of income	Gross amount (before tax)		Documents attached	
Wages			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets - Attach documents to confirm your assets as follows:				
Assets	Gross amount (before tax) or estimated current value		Documents attached	
Bank account(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share investments (includes accessible superannuation funds)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Person 3 details				
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		ID documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle name(s)		
Last name				
Please provide details of any other names, if applicable. e.g. maiden name, skin name, name changed by deed poll.				
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified		Date of birth	/ /
Relationship to applicant 1				
Relationship to applicant 2				
Mobile phone		Other phone		
Is person 3 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander			
Has person 3 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify)			
Income - Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:				
Source of income	Gross amount (before tax)		Documents attached	
Wages			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets - Attach documents to confirm your assets as follows:				
Assets	Gross amount (before tax) or estimated current value		Documents attached	
Bank account(s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Share investments (includes accessible superannuation funds)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part D – (Optional) Request for priority housing or 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 D to be considered for priority housing or a transfer. Information on supporting document required can be found within the fact sheets 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).

Current living situation

Are you seeking priority housing or a transfer?		<input type="checkbox"/> Priority housing <input type="checkbox"/> Transfer
Why are you seeking priority housing or a transfer?	<input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Domestic or family violence <input type="checkbox"/> Transfer to another location <input type="checkbox"/> Serious medical reasons <input type="checkbox"/> Serious social/family reasons <input type="checkbox"/> Other (please specify):	
Where do you live now?	<input type="checkbox"/> Public housing dwelling <input type="checkbox"/> House/townhouse/flat <input type="checkbox"/> Caravan/cabin/boat/tent/motor vehicle <input type="checkbox"/> Improvised building/dwelling <input type="checkbox"/> No dwelling/street/park/in open <input type="checkbox"/> Boarding/rooming house/hostel <input type="checkbox"/> Emergency or supported accommodation <input type="checkbox"/> Boarding school/residential college <input type="checkbox"/> Hotel/motel/bed and breakfast <input type="checkbox"/> Immigration detention centre <input type="checkbox"/> Aged care facility <input type="checkbox"/> Hospital (excluding psychiatric) <input type="checkbox"/> Psychiatric care facility including hospital <input type="checkbox"/> Disability support accommodation <input type="checkbox"/> Rehabilitation program accommodation <input type="checkbox"/> Adult correctional facility <input type="checkbox"/> Youth/juvenile justice detention centre <input type="checkbox"/> Other (please specify):	
Have you been in any of the following situations in the last 12 months	Homeless or sleeping rough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Short- term or emergency accommodation, due to a lack of other options	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you last have a place to live?	<input type="checkbox"/> Less than 1 week ago <input type="checkbox"/> 1 week to 1 month ago <input type="checkbox"/> More than 1 month, to 6 months ago <input type="checkbox"/> More than 6 months, to 1 year ago <input type="checkbox"/> More than 1 year, to 5 years ago <input type="checkbox"/> More than 5 years ago <input type="checkbox"/> Not applicable	
Are you currently on the public housing wait list?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in a public housing dwelling in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and where did you last live in	Date	Address
	/ /	
	/ /	

public housing?	/ /	
Part E - Declaration		
<p><i>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.</i></p>		
I/We		(name/s)
		(name/s)
<ul style="list-style-type: none"> Understand that I/we may be prosecuted under the <i>Housing Act 1982</i> 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		/ /
Witness name		Date
Witness signature		/ /
Applicant 2 full name		Date
Signature		/ /
Witness name		Date
Witness signature		/ /

Part F – Office use only

If any part of the application form is incomplete or supporting documents are not provided, the application **MUST** not be accepted and the form and attachments are to be returned to the applicant with the CT10 (and CT11 if applicable) Incomplete Application for Public Housing checklist filled out.

Application type	<input type="checkbox"/> Urban <input type="checkbox"/> Remote <input type="checkbox"/> Town Camp <input type="checkbox"/> Priority <input type="checkbox"/> Transfer				
Date application received	/ /		User ID/Staff name		
TRM record			TMS group number		
Has this applicant been a previous tenant/applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Application form	Completed		Comments		
Is part A completed and supporting documents provided? (i.e. proof of identify/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is part B completed and supporting documents provided? (i.e. proof of identify/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is part C completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is part D completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is part E completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
For incomplete applications, please complete the following:					
Date incomplete application returned to the applicant	/ /				
'Incomplete Application' letter provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No		TRM no		
'Incomplete Application' Checklist provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No		TRM no		
'Proof of Identification and Income' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
'Information for Health Professionals' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
'Information for Support Agencies' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
All communication and information above entered into TMS 1.7 Communications screen (if Group number exists)	<input type="checkbox"/> Yes <input type="checkbox"/> No				