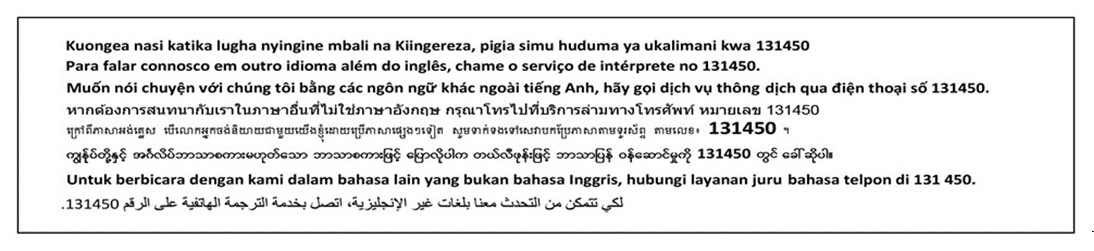
Application for rental rebate and continued eligibility

You can apply for a rental rebate and confirm your eligibility for public housing by using this form.

You can ask for help to complete this form. Help can be from a friend, relative or supporting agency worker. You can ask the Department for information about interpreters to help you complete this form.



When completing the form, please ensure you:

* read and answer all of the questions carefully
* show your answer with a tick () where there are boxes
* attach any supporting documents if required
* sign the declaration
* return this application form to your local Housing office and collect your lodgement receipt.

# What if someone moves in or out of my house?

If other people (including children) move in or out, you must let the Department know. All household members who are aged 18 years and over who move in will need to provide supporting documents. It is a condition of your tenancy agreement and the provision of a rental rebate that you must advise the Department of a change in household circumstances including increases/reductions of income and household size within 28 days.

* To add or remove people in your household, please complete the household structure section in the application form.
* You will need to list all current household members in the household members section.
* If you need to add more people to your application but there is no space in the form, please ask for an Additional Household Members form. You may be required to provide supporting documents with your application.

# What happens once you submit your application?

The Department will review your application and check it is complete. You will be given a lodgement receipt for your reference. The Department will then assess your eligibility for public housing and a rental rebate.

Incomplete applications or missing documents will delay assessment. The Department will inform you of the outcome of your application in writing.

# Disclaimer – you are responsible for your information

Please tell the Department about any changes to your circumstances within 28 days, such as:

* 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.

|  |
| --- |
| **Statement of assets**  You may be required to provide supporting documents for assessable assets. An assessable asset is any property or item of value owned by any household member aged 18 years and over and/or an applicant or tenant who is under 18 years and are a signatory to the lease. This also includes any assets located overseas. Examples of assessable assets include cash or money in your bank account, boats or caravans and hobby or trading collections.  Normal household goods and personal items such as furniture, white goods and clothing are not considered assessable assets. This also includes personal vehicles or other transport such as mobility scooters and motorbikes. |
| **What supporting documents am I required to provide?**  You will need to provide supporting documents with your completed application. The Department needs these documents to assess your eligibility. |
| **Proof of income** – supporting documents may include the following:   * **Wages** – your most recent 13 weeks’ consecutive payslips confirming gross (before tax) income; or the employer to complete the Statement of Income form. * **Government pension, benefit or allowance** – a statement no more than two (2) weeks old, showing income received from Centrelink, Veterans Affairs or other agencies. * **Self Employed** – provide previous financial year’s tax notice of assessment from the Australian Taxation Office. If your business has been operating less than 12 months, please discuss this with a Housing Officer. * **Income from any other source (e.g. Workers Compensation)** – a letter, statement or other documentation that confirms both the source of income and the gross (before tax) amount. * **Stopped employment** – a Separation Certificate or a letter from the employer confirming end of employment. |
| If you are participating in the Centrelink Income Confirmation Service (ICS) your Centrelink payments will be confirmed electronically and you may not need to provide a Centrelink Income Statement.  **Note:** to claim child maintenance payments paid by you as an exempt income you will need to provide proof of your payments such as payslips or confirmation from the Child Support Agency.  **New household members** – supporting documents to prove identity may include the following:   * Australian passport (current)  Proof of Age card * Passport issued outside Australia  Larrakia ID card * Citizenship certificate  Tangentyere Council ID card * Certificate of Identity  Student ID card * Australian Marriage certificate  Medicare card * Australian Divorce papers  Pension card * Australian Birth Certificate  Centrelink Income Statement * Australian Drivers Licence * Centrelink Child Selection form  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **OFFICE USE ONLY** | | **– (Receipting officer to complete and return a copy of the lodgement receipt to tenant)** | | | | | Tenants name |  | | | TMS Group no |  | | Pending rebate TMS 3.1 | | | Yes ☐ No | Rebate expiry date | / / | | TFHC staff name/ user ID | | |  | TFHC Office stamp |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reason for your application** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New rental rebate | | | | Rental rebate renewal | | | | | | | | | Add person(s) Or | | | | | | | | | Remove person(s) | | | | |
| Please briefly state the reason why you are completing the application: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tenant details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | Gender | | | | Male  Female  Unspecified | | | | | | | | |
| Full name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | / / | | | | | | | | | | | Email | | | |  | | | | | | | | |
| Home phone | | |  | | | | | | | | | | | Mobile | | | |  | | | | | | | | |
| 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? | | | | | | | Yes  No | | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Next of Kin / Alternative contact – please give details of a person that we can call to get in contact with you** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to you | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | |
| Home phone | | |  | | | | | | | | | | | Mobile | | | | |  | | | | | | | |
| **Partner / Co-tenant details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | Gender | | | | Male  Female  Unspecified | | | | | | | | |
| Full name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | / / | | | | | | | | | | | Email | | | |  | | | | | | | | |
| Home phone | | |  | | | | | | | | | | | Mobile | | | |  | | | | | | | | |
| 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? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Next of Kin / Alternative contact – please give details of a person that we can call to get in contact with you** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to you | | |  | | | | | | | | | | | Email | | |  | | | | | | | | | |
| Home phone | | |  | | | | | | | | | | | Mobile | | |  | | | | | | | | | |
| **Household structure** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Since your last rental rebate review, has anyone moved in or out of your household? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| If you have answered **yes** to the question above, please complete the below section | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | | | | | Date of birth | | | | | Relationship to tenant/s | | | | | | | Moved | | | | | Date |
|  | | | | | | | | | / / | | | | |  | | | | | | | in  out | | | | | / / |
|  | | | | | | | | | / / | | | | |  | | | | | | | in  out | | | | | / / |
| **Household member 1** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the details of the people who live with you. To list more people, please ask for an Additional household members form. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | |
| **Household member 2** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Household member 3** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Household member 4** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Household member 5** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Household member 6** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | Gender | | | | | Male  Female  Unspecified | | | | | | | | | |
| Full name | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | / / | | | | | | | | | | Mobile | | | | |  | | | | | | | | | |
| Relationship to tenant | | | | |  | | | | | | | Email | | | | |  | | | | | | | | | |
| Are they of Aboriginal or Torres Strait Islander origin? | | | | | | | | * Aboriginal ☐ Torres Strait Islander * Do not identify as Aboriginal or Torres Strait Islander | | | | | | | | | | | | | | | | | | |
| Have they been diagnosed with a disability? | | | | | | | | Yes  No | | If yes,  Psychiatric  Physical  Intellectual   Sensory  Other: | | | | | | | | | | | | | | | | |
| **Household income** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Since your last rental rebate review, have you or anyone in your household aged 18 years and over commenced, continued or stopped employment? | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| Household assets | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you answer **yes** to the questions below, please provide supporting documents | | | | | | | | | | | | | | | | | | | | | | | Documents attached | | | |
| Do you or anyone living with you have any financial assets (e.g. stock market bonds, shares, investments, cash savings, interest from cash savings)? | | | | | | | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | |
| Do you or anyone living with you own or part-own any real estate (e.g. land, house, unit, apartment, flat or commercial property) in Australia? | | | | | | | | | | | | | | | | Yes  No | | | | | | | Yes  No | | | |
| **Declaration – Read the following sections carefully before signing** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I/We |  | | | | |  | | | | | | | | | | (FULL NAME) | | | | | | | | | | |
| * Declare that, to the best of my/our knowledge, the answers I/we have given in this application are true and correct. * 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. * Understand that I/we may be prosecuted under section 36(b) of 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenant signature | | | | | |  | | | | | | | | | | | | | | Date | | | | / / | | |
| Partner/ Co-tenant signature | | | | | |  | | | | | | | | | | | | | | Date | | | | / / | | |
| **Authorisation between co-tenants** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under the *Information Act 2002* (NT), 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 your co-tenant please complete the authorisation below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We, |  | | | | |  | | | | | | | | | (FULL NAMES) | | | | | | | | | | | |
| Consent and authorise the release of personal information as co-tenants. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenant signature | | | | | |  | | | | | | | | | | | | | | Date | | | | / / | | |
| Partner/ Co-tenant signature | | | | | |  | | | | | | | | | | | | | | Date | | | | / / | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S**tatement of privacy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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*](https://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 - Household structure to be completed by the Action Officer (if applicable)** | | | | | |
| It is recommended that the delegate:  Approve the additional household member/s to be added to the tenancy  Not Approve the additional household member/s to be added to the tenancy | | | | | |
| Comments: | | | | | |
| Action officer name | |  | Position |  | |
| Signature | |  | Date | / / | |
| **Delegate approval – Household structure to be completed by Delegate** | | | | | |
| The additional household member/s to be added to the tenancy is:  Approved  Not Approved | | | | | |
| Comments: | | | | | |
| Delegate name | |  | Position |  | |
| Signature | |  | Date | / / | |
| **Checklist** | | | | | |
| Document attached | There may be more documents. If this is the case, please check that you have completed and provided the following | | | | Staff to tick () as applicable |
|  | Rental rebate and continued eligibility application form. All questions on the application form have been completed. | | | |  |
|  | Additional forms (if applicable)  Additional forms such as Additional Household Members form or ICS Consent form have been attached. | | | |  |
|  | Proof of household income (applicants and all other household members aged 18 years and over).  Centrelink Income Statements and/or pay slips for the past 13 weeks. | | | |  |
|  | Proof of assets (if applicable).  Bank statements, financial statements, shares holding statements, superannuation statement. | | | |  |
|  | Proof of loans against assets (if applicable) Loan account statements or loan documents. | | | |  |
| Notes: | | | | | |