

If you are a current Territory Housing tenant, and you wish to apply for a transfer, please:

1. Complete this form in BLOCK LETTERS.
2. Provide proof of income and bank balance for all household members over 18 years of age.
3. Attach ALL documents requested in the application.
4. Sign the application.
5. Lodge the application at your nearest Territory Housing office.

NOTE: All information you declare in this application will remain confidential. Incomplete applications cannot be considered.

## 1. APPLICANT DETAILS

PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS

### NAME OF FIRST APPLICANT

Please circle: Mr / Mrs / Ms / Miss       Male       Female

First Name(s): .....

Last Name: .....

Date of Birth: ..... Occupation: ..... Marital Status: .....

Have you or any other person listed in this application been known by another name?     Yes     No

If yes, please tell us the other name(s) and details: .....

### CONTACT DETAILS

Home Phone: ..... Work Phone: .....

Email Address: ..... Mobile Phone: .....

### RESIDENTIAL ADDRESS

Address: ..... Postcode: .....

### POSTAL ADDRESS (if different from Residential Address)

Address: ..... Postcode: .....

### NEXT OF KIN (In case we are unable to contact you, please supply details for a person who could help us reach you)

Full Name: ..... Their relationship to you: .....

Address: ..... Postcode: .....

Home Phone: ..... Work Phone: .....

Email Address: ..... Mobile Phone: .....

ADDITIONAL CONTACT INFORMATION: .....

**The following information is required to assist Territory Housing manage your tenancy.**

DO YOU REQUIRE AN INTERPRETER?     Yes     No    If yes, in which language: .....

### ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

(People of both Aboriginal and Torres Strait Islander origin should mark both 'yes' boxes).

Aboriginal:     Yes     No                      Torres Strait Islander:     Yes     No

### DO YOU HAVE A DISABILITY?    Yes    No

If yes, select your type of disability (select as many boxes as required)

Psychiatric     Physical     Intellectual     Sensory    Other: .....

### OFFICE USE ONLY:

Group No. ....

Account No. ....

Priority Date: .....

No. of known tenants: .....

No. tenants on this form: .....

Stat dec required: Yes       No

### Type of transfer required:

Medical     Social

Upgrade     Downgrade  to .....bedroom

TBC to .....

\$150 transfer to. ....

ASB                       Transfer to purchase

**2. APPLICANT DETAILS**

**PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS**

**NAME OF SECOND APPLICANT**

Please circle: Mr / Mrs / Ms / Miss       Male     Female

First Name(s): .....

Last Name: .....      Date of Birth: .....

Occupation: .....      Marital Status: .....

Have you or any other person listed in this application been known by another name?     Yes     No

If yes, please tell us the other name(s) and details: .....

**CONTACT DETAILS**

Home Phone: .....      Work Phone: .....

Email Address: .....      Mobile Phone: .....

**RESIDENTIAL ADDRESS**

Address: .....      Postcode:.....

**POSTAL ADDRESS** (if different from Residential Address)

Address: .....      Postcode:.....

**NEXT OF KIN** (In case we are unable to contact you, please supply details for a person who could help us reach you)

Full Name: .....      Their relationship to you: .....

Address: .....      Postcode:.....

Home Phone: .....      Work Phone: .....

Email Address: .....      Mobile Phone: .....

**ADDITIONAL CONTACT INFORMATION:** .....

***The following information is required to assist Territory Housing manage your tenancy.***

DO YOU REQUIRE AN INTERPRETER?     Yes     No    If yes in which language: .....

**ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?**

(People of both Aboriginal and Torres Strait Islander origin should mark both 'yes' boxes).

Aboriginal:     Yes     No      Torres Strait Islander:     Yes     No

DO YOU HAVE A DISABILITY?     Yes     No

If yes, select your type of disability (select as many boxes as required)

Psychiatric     Physical     Intellectual     Sensory    Other: .....

**Please ensure you answer every question in this form.**

Territory Housing recognises that individual clients have unique needs. While we may be asking you to provide private and personal information about members in your household, we use this information to tailor our services to your requirements and provide additional support where needed.

**3. PLEASE PROVIDE DETAILS OF EVERY PERSON WHO WILL BE LIVING WITH YOU**

List below every person who will be sharing the accommodation.

If you are notifying Territory Housing of changes to your household structure on this transfer application form, you may be required to provide evidence of your changed household structure, for example:

- Marriage certificate, statutory declaration of defacto relationship
- Birth certificate, custody papers or proof of receipt of Family Tax Benefit payment for custody of children and/or dependants

	Resident 1		Resident 2		Resident 3	
First Name(s)						
Last Name						
Relationship to You (e.g. spouse, daughter)						
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	/ /		/ /		/ /	
Aboriginal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, select type	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory
	Other:.....		Other:.....		Other:.....	

	Resident 4		Resident 5		Resident 6	
First Name(s)						
Last Name						
Relationship to You (e.g. spouse, daughter)						
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	/ /		/ /		/ /	
Aboriginal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, select type	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Physical
	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Sensory
	Other:.....		Other:.....		Other:.....	

If you require additional space, please write on another piece of paper and attach to this form.

**4. INCOME DETAILS OF ALL PEOPLE NAMED IN THIS APPLICATION**

Please provide evidence of the gross weekly income (before tax) for each person over 18 years who will share this accommodation, including yourself. Attach documentation to confirm incomes received over the past three months as follows:

**Wages:** pay slips or a letter from your employer confirming gross (before tax) income.

**Government pension/ benefit/ allowance (including Family Tax Benefit Part A):** a statement no more than two weeks old, showing pension/ benefit/ allowance received from Centrelink, Veterans Affairs or other agencies.

**Self-employed:** provide previous financial year's tax notice of assessment from the Australian Taxation Office. Please discuss this with a Territory Housing Officer if your business has been operating less than 12 months.

**Income from any other source (e.g. Workers compensation):** a letter, statement of other documentation that confirms both the source of income and the gross (before tax) amount.

*NOTE: Applicants claiming maintenance payments as exempt income must provide documentary proof of payment; e.g. Payslips, confirmation from the Child Support Agency, Statutory Declarations from both parties.*

**7. REFERRAL AGENCY / MEDICAL PRACTITIONER'S REPORT** (continued from previous page)

How would the provision of a transfer help? .....

.....

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.....

.....

Is modified housing required? .....

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What on-going support is required / will be provided? .....

.....

.....

.....

Who will provide the support? Attach case management plan if necessary .....

.....

.....

.....

**Name of author (person supporting the application) BLOCK LETTERS** .....

Agency .....

Phone ..... Mobile ..... Email .....

Relationship to the applicant (eg social worker, doctor) .....

How long have you known / been treating the applicant? .....

Author to sign ..... Date .....

**OFFICE USE ONLY**

Has the client:

- Met income limit?  Yes  No
- Met asset limit?  Yes  No
- Met property ownership criteria?  Yes  No
- Met acceptable tenancy criteria?  Yes  No
- The wait time for \$150 or TBC?  Yes  No
- Paid \$150 transfer fee?  Yes  No

Interview arranged for: ...../...../..... am/pm

Inspection Date: ...../...../.....

Inspection passed?  Yes  No

Letter of approval/rejection sent ...../...../.....

Processed by:.....

**8. DECLARATION BY APPLICANT**

Territory Housing collects only that personal information which is necessary to provide housing assistance under the *Housing Act* and its Regulations. If you do not provide the 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 or necessary for maintenance, debt recovery, housing policy and research purposes in accordance with the Information Privacy Principles scheduled in the *Information Act* (NT). You have a right to access and correct the information held about you. **If you have any queries or concerns please contact the Information Management Unit on 08 8999 8490 or write to GPO Box 4621, Darwin NT 0801.**

**APPLICANT/S**

I/We, ..... (Name/s in BLOCK LETTERS)

DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, THE ANSWERS I/WE HAVE GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT.

Note: I/we understand that I/we am liable to be prosecuted under the *Housing Act* of the Northern Territory should I/we deliberately make a false or misleading statement in this application. Penalty: \$1,000 fine or six months imprisonment.

I/we hereby authorise Territory Housing personnel to investigate any personal and financial background relevant to this application.

Applicant's Signature: ..... Date:..... (Day/Month/Year)

Applicant's Signature: ..... Date:..... (Day/Month/Year)

Under the *Information Act*, Territory Housing cannot supply your personal information to anyone without your consent. If you wish to consent to the release of information to your co-applicant please complete the authorisation below:

I, ..... (Name/s) authorise the release of personal information to ..... (Name/s).

Applicant/s Signature/s:..... Date:..... (Day/Month/Year)

I, ..... (Name/s) authorise the release of personal information to ..... (Name/s).

Applicant/s Signature/s:..... Date:..... (Day/Month/Year)

Casuarina	Ethos House, 270 Trower Road, Casuarina NT Ph: 08 8922 5526
Darwin	Construction House, Cnr Mitchell St & Briggs St, Darwin NT Ph: 08 8999 8814
Palmerston	Highway House, Cnr Broadland St & Palmerston Cct, Palmerston NT Ph: 08 8999 4767
Alice Springs	Cnr Leichhardt & Gregory Tce, Alice Springs NT Ph: 08 8951 5344
Tennant Creek	Government Building, Peko Road, Tennant Creek NT Ph: 08 8962 4497
Katherine	NT Government Centre, First St, Katherine NT Ph: 08 8973 8536
Nhulunbuy	Shop 2 Arnhem House, Endeavour Square, Nhulunbuy NT Ph: 08 8987 0533
Client Relations Officer	Ph: 1300 301 167 or 08 8999 8853

للحصول على مساعدة في اللغة ، برجاء الاتصال ب Housing Territory على الرقم 1300 301 167

如果你需要语言上的协助，请拨打这个电话号码给北领地住屋部 (Territory Housing): 1300 301 167.

Für Hilfe bei Sprachproblemen, bitte rufen Sie Territory Housing an: 1300 301 167.

Αν θέλετε βοήθεια στη γλώσσα σας παρακαλούμε καλέστε την Territory Housing (Υπηρεσία Στέγασης της Επαρχίας) στο 1300 301 167.

Untuk bantuan bahasa, harap hubungi Territory Housing di 1300 301 167.

สำหรับการช่วยเหลือทางด้านภาษา กรุณาโทรติดต่อ การเคหะแห่งเทร์ริทอรี (เทอร์ริทอรี เฮ้าซิง (Territory Housing)) ที่หมายเลข 1300 301 167

Muốn được trợ giúp về ngôn ngữ, hãy điện thoại cho Bộ Gia Cư Lãnh Thổ Bắc Úc (Territory Housing) ở số 1300 301 167.

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For language assistance please call Territory Housing on 1300 301 167.

5. STATEMENT OF ASSETS

1. What is the current balance of all your bank accounts? Please supply a copy of your latest statements / ATM slips.

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2. Since your last rebate application, have you purchased, invested or been given:

- (a) property or a share in property? Yes/No
(b) additional money in a fixed term deposit? Yes/No
(c) shares or other investments? Yes/No
(d) an additional motor vehicle? Yes/No
(e) a mobile home or caravan? Yes/No
(f) a boat? Yes/No
(g) any other valuable items? Yes/No

If yes, please supply documentary evidence and details of the items and their values below:

.....
.....
.....

3. If you have any loans against any of your assets for example a car loan, please provide details below:

.....
.....

6. SOCIAL / MEDICAL TRANSFERS

You only need to fill out Section 6 if you are applying for a transfer on social or medical grounds

Reason for applying for social /medical transfer (please tick box):

- Medical Social / Family reasons Domestic violence

Provide details: .....
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.....

7. REFERRAL AGENCY / MEDICAL PRACTITIONER'S REPORT

You may ask your support person to complete the following questions on your behalf, or to provide a separate letter in support of your application.

Please provide details of the medical condition or other reason/s for this application

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..... continued on next page