

If you wish to apply for Public Housing, 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 and will be returned to you to complete and re-lodge.

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

Received by

Group no.

Reference no.

CHSA: C CD S SD O

Application Checklist

Identification Yes No

Proof of income Yes No

Bank Statements / ATM Slip Yes No

Proof of Residency Yes No

Property Ownership Yes No

Existing Territory Housing Debt Yes No

Assets Yes No

Previous Tenant/Applicant Yes No

If yes - previous group no.

2. APPLICANT DETAILS (continued from page 1)**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.

Please provide evidence of your 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"/> Intellectual <input type="checkbox"/> Sensory Other:.....	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:.....	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory 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"/> Intellectual <input type="checkbox"/> Sensory Other:.....	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:.....	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:.....

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

4. INCOME DETAILS OF ALL PEOPLE OVER 18 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 for 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.

5. STATEMENT OF ASSETS

Normal household goods (furniture, white goods, TV etc.), personal items (clothing etc.) and one family vehicle are not counted as assessable assets. Assessable assets include high priced saleable items, financial investments and cash savings.

Please provide details of the assets of all people aged over 18 named in this application. Please attach documentary evidence of those assets and any loans against them. If any of these assets cannot be accessed (such as superannuation) you will need to provide supporting documentary evidence.

All Bank Accounts			
Account Holder's Name	Bank & Branch	Account Number	Amount (\$)
Fixed Term Deposits			
Account Holder's Name	Bank & Branch	Account Number	Amount (\$)
Shares Investments (include accessible superannuation funds)			
Owner's Name	Name of Shares/Fund		Current Value (\$)
Motor Vehicle			
Owner's Name	Make & Model	Estimated Current Value (\$)	Amount Owed (\$)
Property & Land / Mobile Home / Boat / Caravan / Any Other Valuable Saleable Items			
Owner's Name	Description of Assets	Estimated Current Value (\$)	Amount Owed (\$)

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

6. GENERAL INFORMATION

Have you, or any other person named in this application, previously been a public housing tenant in the Northern Territory?

Yes No If yes, when?

Where did you live?

Why did you leave?

PLEASE LIST THE ACCOMMODATION YOU HAVE LIVED IN DURING THE PAST 12 MONTHS

ADDITIONAL HOUSING NEEDS

Please provide details of any special housing requirements, e.g. the need to live in a particular location because of health or support needs. Please detail any modifications you might need to a dwelling (e.g. wheelchair access/ grab rails etc.) because someone in your household is frail or has a disability. You will need to provide medical assessment/ documentation to substantiate the needs for such modifications. Please attach copies.

.....

.....

.....

7. 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.

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)

DOCUMENTATION REQUIRED FOR ALL PEOPLE AGED 18 YEARS AND OVER

- Proof of Identification (Driver's Licence / Pension Card / Passport etc.)
- Proof of household income (Centrelink payments, wages etc.)
- Current bank statement or ATM slip
- Statement of assets
- Proof of loans against assets
- Proof of permanent residency status
- Marriage certificate
- Children's birth certificates
- Proof of custody of children
- Statutory declaration(s) regarding defacto relationships
- Centrelink number and details
- Proof of sale of property (settlement statement)
- Two satisfactory tenancy references
- Medical documentation regarding special requirements
- If pregnant, a doctor's letter regarding expected birth date
- Support agency documentation

Reference No:

DURING WAITING TIME

- Notification of change of residential or postal address
- Notification of change in numbers of household members

Should you be ineligible at the time of the pre-tenancy interview your application may be cancelled. A further assessment will be conducted at that time.

NOTES

.....

.....

.....

.....

.....

.....

.....

.....

HOUSING APPLICATION

Please read carefully

All applications are subject to approval before registration.

1. All questions must be fully answered. Failure to do so may cause a delay in your application being registered. Any deliberate false or misleading statement may result in the application being cancelled.

It is an offence to make a false or misleading statement on a Housing Application Form.

Housing Act Penalty: One thousand (\$1,000) dollars or six (6) months imprisonment.

2. Applications are dealt with strictly in order of date of application except for priority housing approvals. These are granted in accordance with the Territory Housing Priority Housing Policy. (Territory Housing reserves the right to make special allocation at any time if it considers sufficient cause has been shown by the applicant).
3. Territory Housing may, as a matter of policy, determine from time to time the type of accommodation to be offered to an applicant depending on the size of family or any other factors it considers relevant.
4. An application for accommodation may not be registered if an applicant or any person nominated on the Housing Application owes a debt to Territory Housing or has previously been evicted from a Territory Housing dwelling. However, cases may be assessed on individual merit. An application may be cancelled if you default on an Agreement to Pay for a previous debt.
5. To be eligible for Territory Housing accommodation, applicants must have lived in the Northern Territory from the date of application until the date they are allocated with a dwelling.
6. Applicants and their dependants must be permanent residents of Australia and must permanently reside in the Northern Territory at the time of allocation.
7. Adult dependants listed on application must provide supporting documentation confirming this dependence.
8. Please be aware that if you change your address without notifying Territory Housing this may cause delays in you receiving your allocation or your application may be cancelled.
9. Applicants will be subject to an income test, assets test and must meet property ownership criteria at the time of application and again before an offer of accommodation is made.
10. Please find overleaf a list of documentation required in support of your Housing Application. Failure to supply the information may result in your application being delayed or cancelled.

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 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.

สำหรับความช่วยเหลือทางด้านภาษา กรุณาโทรติดต่อ การเคหะแห่งนอร์เทอริทอรี (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.

ដើម្បីទទួលបានជំនួយភាសា សូមទូរស័ព្ទទៅ Territory Housing តាមលេខ 1300 301 167 ។

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

safe, secure and affordable housing.