

**If you wish to apply for Priority 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.

**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. ....

**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: .....

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

**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: ..... 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**

Please provide the following details for all additional household members (including children).

You may be required to provide documents to evidence your household structure. Some examples may be:

- Marriage Certificate or Statutory Declaration for de-facto relationship
- Birth certificate, custody papers or proof of receipt of Family Tax Benefit payment for 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 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**

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.

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.

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

**6. REASON FOR APPLYING FOR PRIORITY HOUSING (please tick the box)**

- Medical     
  Financial     
  Social / Family Reasons     
  Homelessness     
  Domestic Violence

Provide details: .....

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Have you considered other housing options and would you, if bond assistance were available to you?

- Yes     
  No

If no, why not?

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Who will provide the support? Example: Case manager, doctor and their contact details. 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.....

**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 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)

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.

Note: Letters of support from family members will not be considered.

Please provide details of the medical condition or other reasons for this application.

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How does the seriousness of the situation impact on the applicant's ability to secure other forms of housing, for example private rental, sharing?

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How would the provision of priority housing help?

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Is modified housing required?

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

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Please continue on next page

The application form for priority housing gives you an opportunity to tell us why you need priority housing. It is important that you answer all the questions. There are sections on the form for your doctor, social worker or referral agency to give their support of your application. Letters and other documentation that support your need for priority housing should be attached to the application form. Other documentation may include restraining orders, evidence of a medical condition, etc.

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 การเคหะแห่ง TERRITORY (เทอร์ริทอรี เฮ้าซิ่ง (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.

ដើម្បីទទួលបានជំនួយអង្គការភាសា សូមទូរស័ព្ទទៅ Territory Housing តាមលេខ 1300 301 167 ។

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

safe, secure and affordable housing.

