

Registration to apply for Social Housing Assistance in the ACT

Use this form to apply for social housing assistance in the ACT.

Social housing assistance includes:

- public housing which is provided directly by Housing ACT;
- · community housing which is provided by community housing organisations funded by the ACT Government; and
- affordable housing where the rent payable is less than the full market rent.

Do you wish to be considered for:

All of the above

(a)	Public housing
(b)	Community housing
(c)	Affordable housing

If you have selected (b) or (c) or (d), you are giving consent for your personal details relevent to your application, to be given to a community housing organisation.

Do you wish to be considered for shared accomodation?

Step 1

(d)

Complete the form overleaf.

Print neatly in **BLOCK LETTERS.**

Make sure you answer all relevant questions, otherwise we may have to return the form to you to be completed.

If you need help with the form, ask an officer of Housing ACT to help you or call 6207 1150.

If you need help in a language other than English, complete as much of the form as you can. When you lodge your form, Housing ACT will contact the Telephone Interpreter Service (TIS) to assist.

Step 2

Complete the accompanying forms (if applicable).

If you have been employed in the last 26 weeks you may need your employer to complete the Income Statement from Employer on page 8 before you lodge this form.

If you receive payments from Centrelink or the Family Assistance Office, you must complete the Consent for Centrelink to provide a Statement of Income on page 7 before you lodge this form.

If anyone on this form receives support from an agency or organisation and that person allows Housing ACT to contact their support person/ agency to discuss this registration, the Consent to Exchange and Release Information on page 6 must be completed before you lodge this form.

Step 3

Make sure you have all the required documents. Please see the 'Applying for Social Housing' Fact Sheet and the Supporting Documentation Checklist.

Step 4

Lodge your application at Gateway Services or call 6207 1150 or ask a staff member.

Alternatively you can post your completed form and all the required documents to:

Housing ACT Locked Bag 3000 Belconnen ACT 2616

Accessibility

The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an **alternative format** — such as large print or audio—please telephone **(02) 6205 0619**

If English is not your first language and you require the **translating** and interpreting service — please telephone 131 450.

If you are deaf or hearing impaired and require the

TTY typewriter service — please telephone (02) 6205 0888

	Personal details	Applicant 1	Applicant 2
1	Title	Mr Mrs Ms Miss Dr	Mr Mrs Ms Miss Dr
2	Your full name		
3	Date of birth	/ / Sex	/ / Sex
4	Address where you currently live	Postcode	Postcode
5	Postal address (if different to the address where you currently live.)	Postcode	Postcode
6	Your contact details	Home Work Mobile Email	Home Work Mobile Email
7	What is your relationship to the other applicant named on this form? (if applicable)		
8	Are you a permanent resident of Australia?	Yes Are you currently a sponsored migrant to Australia? No Yes Please attach evidence	Yes No Are you currently a sponsored migrant to Australia? No Yes Please attach evidence
9	Have you lived in the ACT for more than six months?	Yes Please attach evidence No (if No you may not be eligible for Housing Assistance. Please speak to a Housing officer if you are unsure).	Yes Please attach evidence No (if No you may not be eligible for Housing Assistance. Please speak to a Housing officer if you are unsure).
10	Do you have a current application for housing assistance?	No Yes What name is the application in?	No Yes What name is the application in?
(c)		Yes - Aboriginal Yes - Torres Strait Islander	No Yes - Aboriginal Yes - Both Yes - Torres Strait Islander Do you require an interpreter Yes No
12	Provide details of someone v	ve can contact if we are unable to contact you (Emergency to who lives in the ACT	or Third party contact)
	Na	me	
	Ad	dress	
			Postcode
	Tel	ephone	Housing Agriculage Act 2007, a 20

13	Indicate your Housing require (Please attach evidence) Location - see property a Disabled modifications Other						
			Other Reside	ents			
14	(including children)? Please	the Housing ACT Property wit provide evidence to confirm c and protection advice, separat	ongoing child cont	act arrangem	No Yes	Give detail	s below
	Full	name	Date of birth	Relationshi	ip ID provided	Contact	Proof of Contact
					No Yes No Yes No Yes No Yes No Yes No Yes	No Yes	No Yes No Yes No Yes No Yes No Yes No Yes
	Income	Appli	cant 1		A	Applicant 2	
15	Do you currently receive Centrelink or Family Assistance Office benefits?	to provide a Sta page 7 OR prov	te the Consent for atement of Incom vide a Centrelink II Housing Authoritic	Centrelink e on ncome	to provid	omplete the Cons de a Statement of PR provide a Cent nt for Housing Au	relink Income
16	Are you currently employed?	from Employer	te the Income Stat on page 8 or prove last 26 weeks wh	tement vide	from Em	omplete the Inco ployer on page 8 for the last 26 we is form.	or provide
17	What is your gross	Per week	Per fortnight		Per week	Per fort	tnight
	income? (ie before tax)? Include wages and pension payments	\$ 0	R \$		\$	OR \$	
18	Do you receive any other income (e.g. overseas pension, interest on bank accounts, child support payments)?	No Yes How much do you Per week	receive? Per fortnight		No Yes How much d Per week	lo you receive? Per fort OR \$	tnight
19	Do you PAY any child support?	No Yes How much do you	pav?		No Yes How much d	lo vou pav?	
		Per week	Per fortnight		Per week	Per fort	tnight
		Please attach evidence of as a letter from the Child			Please attach evid as a letter from the		

			Assets	
	Personal details	Applicar	nt 1	Applicant 2
20	Do you have any bank, building society or credit union accounts?	the Housing ACT F	documents outlined in	No Yes How many do you have? Please attach the documents outlined in the Housing ACT Fact Sheet — Acceptable Forms of Bank Statements
21	Do you have any investments such as shares or bonds?	No Please attach evide	ence of your investments	No
	Personal details	Applicar	nt 1	Applicant 2
22	Do you own any cars or other vehicles, including boats, caravans etc?	No	Value \$ \$	No
23	Do you own or hold an interest in any residential or business property in Australia?	No Give details and at ownership of the power(s) Address of the property		No Yes Give details and attach evidence of ownership of the property Name of owner(s) Address of the property Postcode
24	Do you have any other assets not already listed on this form? Do not include personal possessions, furniture, tools of trade etc.	Yes Give details and atta value of each asset Type of asset		No
25	Has 100 points been provide for each applicant? (Please see Housing ACT Fact Appyling For Housing)	No		Applicant 2 No Yes
		Assista	ance with this form	
26	Did either applicant receive a to complete this form?	Yes V	Go to Declaration by applica Which applicant was assisted Applicant 1 Applica Present with the person who helped with the person	ed?
27	Declaration by person assisti this form on behalf of the ap	oplicants(s) • I have	read out the form and the a rstand there are penalties j of person	asis of the information the applicants(s) provided me. answers to the applicant(s) who seemed to understand them. for giving false or misleading information

ou can attach additional pages if required		
Days and Information and Drivery Nation		
Personal Information and Privacy Notice The Community Services Directorate is collecting the information of	ation on this form to assess if y	rou can claim social housing assistance. The collection of this
information is authorised by the Housing Assistance Act 2007	7.	
		ivery, you are giving your consent that the information on this using assistance. This includes the provision of associated services
required to support and assess your housing assistance inclu		
The Community Services Directorate may also disclose your i	information to the Health, Edu	cation and Training, and Justice and Community Safety Directorates.
If this form requires you to include information about other their information being disclosed as described above.	members of your household, y	ou must seek their consent, or the consent of their guardian, to
The information you provide may also be disclosed where au	who wised an accusional by ACT a	- Carrier annually Laur
		ith the requirements of the <i>Privacy Act 1988</i> (Commonwealth). You
may have access to any information you have provided to en		
Declaration by applicant(s)		
I understand:		
• the instructions given on this form and note the Personal I		
 this form will be used by Housing ACT to register my applie that my personal information may be given to community 		
		nbers of my household's circumstances, and/or incomes and/or
assets detailed in this application.		
I declare:		
• that the information given in this application is complete a		
that I have provided all of the required documents as show that I have shown the Personal Information and Privacy No.		the household whose personal information is included in this form,
or their guardian.		and notice that the second and the s
	eclaration by applic	cont(s)
Declaration by applicants(s)	Signature of	
Please note that there are legal penalties for deliberately giving false	Applicant 1	
or misleading information.	Date	/ /
	Signature of	
	Applicant 2	
	Date	



Consent to exchange and release information

Complete this form if anyone on this Registration to apply for Housing ACT Public Rental Assistance receives support from an agency or organisation and that person allows Housing ACT to contact their support/agency to discuss the registration.

Note: You can revoke your consent at any time by writing to Housing ACT, Locked Bag 3000, Belconnen ACT 2616.

Applicant 1	I give permission to Housing ACT for the release and exchange of information about me with the following people or organisations: (you can write more than one name or organisation)				
	This consent is valid for the period not exceeding 12 months from: / / to / / Signature of				
	Applicant or Legal Guardian Full name				
	Date / /				
Applicant 2	I give permission to Housing ACT for the release and exchange of information about me with the following people or organisations:	he			
	This consent is valid for the period not exceeding 12 months from:				
	Signature of Applicant or Legal Guardian				
	Full name				
	Date / /				



Consent for Centrelink to provide a Statement of Income

Complete this form if you or any member of your household receives a Centrelink or Family Assistance Office payment. Housing ACT will send this form to Centrelink and they will provide a Centrelink Statement of Income in connection with this application.

If you need more than one form, contact the Housing ACT Shopfront or print a copy from the website at www.dhcs.act.gov.au

- I authorise Centrelink to provide to Housing ACT a Centrelink Statement of Income in connection with my Registration to apply for Housing ACT Public Rental Assistance.
- I understand that the Centrelink Statement of Income will contain:
 - the type and amount of the pension or allowance payment Centrelink make to me.
 - the number of dependant children used to assess any family payments.
 - details of anything being deducted from my payments such as Child Support Agency payments, Centrepay deductions, rent deductions.
 - details of any other income I have told Centrelink about, such as overseas pensions, child maintenance, returns on investment, wages and salary.
- I understand that these details will be used by Housing ACT to assess my entitlement to Housing ACT Public Rental Assistance.
- I consent to Centrelink providing this Statement electronically via the Income Confirmation service. This consent is limited to providing information only in respect of Registration to apply for Housing ACT Public Rental Assistance.
- I understand that I will be able to obtain a written copy of the statement at any time from either Housing ACT or Centrelink.

Centrelink.	
Applicant 1	Applicant 2
Full Name	Full Name
Centrelink CRN	Centrelink CRN
Signature	Signature
Date/	Date/
Applicant 3	Applicant 4
Full Name	Full Name
Centrelink CRN	Centrelink CRN
Centrellink Grav	Centremik Chiv
Signature	Signature

Date

Date



Income Statement from Employer

Has the employee worked any overtime in the last 26 weeks?

If you have been employed in the last 26 weeks either:

- your employer must complete this form, or
- you can provide payslips for the last 26 weeks.

If you need more than one form, contact Housing ACT or print a copy from the website at www.dhcs.act.gov.au

1	Employee's name
2	Employee's present address
	Postcode
3	Name of employing organisation
4	When did the employee start work with the organisation?
5	What is the gross amount the employee earned in the last 26 weeks (including overtime, regular allowances and penalties)?

Weekendin	g No. of hours of overtime	Payment for overtime
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
Employer's details		
Name		
Phone		
Position		
Signature		
Date	/ /	
Company seal or st	amp	