



REGISTRATION APPLICATION

AFFORDABLE AND COMMUNITY HOUSING PROVIDER IN THE AUSTRALIAN CAPITAL TERRITORY

Housing Assistance Act 2007, s 39 AF2009-289

Organisation Details

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|--|--|
| Provider Name: | |
| Trading Name: | |
| Australian Business Number (ABN): | |
| Australian Tax Office status: (Public Benevolent Institution, Income Tax Exempt Charity, Deductable Gift Recipient) | |
| Address of Registered Office: | |
| Postal Address: | |
| Type of Incorporation:(e.g. Incorporated Association / Company) | |
| Number of residential housing properties managed (including properties to which the organisation has title): | |
| <i>Please attach Constitution/ Rules</i> | |

| | |
|---------------------------|--|
| Nominated Contact Person: | |
| Position: | |
| Address: | |
| Telephone number: | |
| Mobile number: | |
| Fax number: | |
| Email address: | |

Registration Tier

| | |
|------------------------------|--|
| Tier of Registration Sought: | Tier 1: Affordable Housing Provider <input type="checkbox"/> <p style="text-align: center;">OR <i>(Please tick only one)</i></p> Tier 2: Community Housing Provider <input type="checkbox"/> |
|------------------------------|--|



dhcs | ACT Office of Registrar | Not for Profit Housing Providers

DECLARATION

<Provider name> is seeking to register as a/n Affordable Housing Provider or Community Housing Provider (*please strikeout whichever does not apply*). The Board of Management of <Provider name> affirms that it is their held belief that <Provider name> is eligible to register under this Tier.

The Board of Management / Management Committee of <Provider name> is willing to engage with the Office of Registrar and participate in the assessment process.

SIGNED

Chair or Delegate of Board/Management Committee

Date

Name of Signatory

Please Affix Common Seal

HOW TO SUBMIT AN APPLICATION

The Board of Management / Management Committee is required to sign and declare this application under common seal by the authorised signatories for the organisation.

An application along with supporting evidence must be made using this form and be lodged by mail and addressed to: Office of Registrar – Not for Profit Housing Providers, Locked Bag 8000, Canberra ACT 2601, or scanned and lodged electronically to Housing.RegistrarNFP@act.gov.au.

Office of Registrar use only:

| |
|--------------------------------------|
| _____ Signature receiving officer |
| _____ Name of signatory |
| _____ Date |

Office of Registrar | Not for Profit Housing Providers

Locked Bag 3000 | Belconnen | ACT 2616 | 02 6205 5202 |

Housing.RegistrarNFP@act.gov.au

Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au