



ACT

Government

Community Services

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:

- (a) Public housing
- (b) Community housing
- (c) Affordable housing
- (d) All of the above

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

- Do you wish to be considered for shared accommodation?

Step 1

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 13 34 27.

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 Translating and Interpreting 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 13 34 27 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, service, 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 – please telephone **133 427**.

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 **133 677 then ask for 133 427**.

Personal details	Applicant 1	Applicant 2
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
2 Your full name	<input type="text"/>	<input type="text"/>
3 Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> Sex <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Sex <input type="text"/>
4 Address where you currently live	<input type="text"/> <input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
5 Postal address (if different to the address where you currently live.)	<input type="text"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> Postcode
6 Your contact details	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/> Email <input type="text"/>	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/> Email <input type="text"/>
7 What is your relationship to the other applicant named on this form? (if applicable)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
8 Are you a permanent resident of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently a sponsored migrant to Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> Please attach evidence	Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently a sponsored migrant to Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> Please attach evidence
9 Have you lived in the ACT for more than six months?	Yes <input type="checkbox"/> Please attach evidence No <input type="checkbox"/> (if No you may not be eligible for Housing Assistance. Please speak to a Housing officer if you are unsure).	Yes <input type="checkbox"/> Please attach evidence No <input type="checkbox"/> (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 <input type="checkbox"/> Yes <input type="checkbox"/> What name is the application in? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> What name is the application in? <input type="text"/>
Optional questions used for statistical purposes only		
11 (a) Are you of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Both <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/>	No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Both <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/>
(b) Your preferred language	<input type="text"/>	<input type="text"/>
(c) Do you require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Country of birth	<input type="text"/>	<input type="text"/>
12 Provide details of someone we can contact if we are unable to contact you (Emergency or Third party contact) If possible, please list someone who lives in the ACT		
Name	<input type="text"/>	
Address	<input type="text"/> <input type="text"/> Postcode	
Telephone	<input type="text"/>	

13 Indicate your Housing requirements

(Please attach evidence)

- Location - see property allocations zone map
- Disabled modifications
- Other

Other Residents

14 Will any other people live in the Housing ACT Property with you permanently (including children)? Please provide evidence to confirm ongoing child contact arrangements.

No Yes Give details below

(ie. family court orders, care and protection advice, separate parental agreement etc.)

Full name	Date of birth	Relationship	ID provided	Contact	Proof of Contact
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
			No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Income

Applicant 1

Applicant 2

15 Do you currently receive payments from Centrelink?

No
Yes

Please complete the Consent for Centrelink to provide a Statement of Income on page 7 OR provide a Centrelink Income Statement for Housing Authorities

No
Yes

Please complete the Consent for Centrelink to provide a Statement of Income on page 7 OR provide a Centrelink Income Statement for Housing Authorities

16 Are you currently employed?

No
Yes

Please complete the Income Statement from Employer on page 8 or provide payslips for the last 26 weeks when you lodge this form.

No
Yes

Please complete the Income Statement from Employer on page 8 or provide payslips for the last 26 weeks when you lodge this form.

17 What is your gross income? (ie before tax)?
Include wages and pension payments

Per week \$ OR Per fortnight \$

Per week \$ OR Per fortnight \$

18 Do you receive any other income (e.g. overseas pension, interest on bank accounts, child support payments)?

No
Yes

How much do you receive?
Per week \$ OR Per fortnight \$

No
Yes

How much do you receive?
Per week \$ OR Per fortnight \$

19 Do you PAY any child support?

No
Yes

How much do you pay?
Per week \$ OR Per fortnight \$

Please attach evidence of how much you pay such as a letter from the Child Support Agency (CSA).

No
Yes

How much do you pay?
Per week \$ OR Per fortnight \$

Please attach evidence of how much you pay such as a letter from the Child Support Agency (CSA).

Assets

Personal details	Applicant 1	Applicant 2
20 Do you have any bank, building society or credit union accounts?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ How many do you have? <input style="width: 100px;" type="text"/> Please attach the documents outlined in the Housing ACT Fact Sheet – Acceptable Forms of Bank Statements	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ How many do you have? <input style="width: 100px;" type="text"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> Please attach evidence of your investments	No <input type="checkbox"/> Yes <input type="checkbox"/> Please attach evidence of your investments

Personal details	Applicant 1	Applicant 2												
22 Do you own any cars or other vehicles, including boats, caravans etc?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type (e.g. car)</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> </tbody> </table>	Type (e.g. car)	Value	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type (e.g. car)</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> </tbody> </table>	Type (e.g. car)	Value	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>
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23 Do you own or hold an interest in any residential or business property in Australia?	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details and attach evidence of ownership of the property Name of owner(s) <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Address of the property <input style="width: 95%;" type="text"/> <div style="text-align: right; margin-right: 20px;"><input style="width: 100px;" type="text"/></div> Postcode	No <input type="checkbox"/> Yes <input type="checkbox"/> Give details and attach evidence of ownership of the property Name of owner(s) <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> Address of the property <input style="width: 95%;" type="text"/> <div style="text-align: right; margin-right: 20px;"><input style="width: 100px;" type="text"/></div> Postcode												
24 Do you have any other assets not already listed on this form? Do not include personal possessions, furniture, tools of trade etc.	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details and attach evidence of the value of each asset <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type of asset</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> </tbody> </table>	Type of asset	Value	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details and attach evidence of the value of each asset <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type of asset</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td style="text-align: center;">\$ <input style="width: 40%;" type="text"/></td> </tr> </tbody> </table>	Type of asset	Value	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>	<input style="width: 95%;" type="text"/>	\$ <input style="width: 40%;" type="text"/>
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25 Has 100 points been provided for each applicant? (Please see Housing ACT Fact Sheet - Applying For Housing)	Applicant 1 No <input type="checkbox"/> Yes <input type="checkbox"/>	Applicant 2 No <input type="checkbox"/> Yes <input type="checkbox"/>
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Assistance with this form

26 Did either applicant receive assistance to complete this form?	No <input type="checkbox"/> ▶ Go to Declaration by applicant(s) below Yes <input type="checkbox"/> ▶ Which applicant was assisted? <div style="text-align: center; margin-top: 10px;"> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> </div> <p style="text-align: center; font-style: italic; margin-top: 10px;">The person who helped will need to complete the Declaration at 27 below</p>
27 Declaration by person assisting or completing this form on behalf of the applicant(s)	<ul style="list-style-type: none"> I have filled in this form on the basis of the information the applicant(s) provided me. I have read out the form and the answers to the applicant(s) who seemed to understand them. I understand there are penalties for giving false or misleading information <div style="margin-top: 20px;"> <p>Signature of person who assisted <input style="width: 95%;" type="text"/></p> <p>Full name <input style="width: 95%;" type="text"/></p> <p>Date <input style="width: 100px;" type="text"/></p> </div>

Please tell us why you are applying for Social Housing Assistance?

You can attach additional pages if required

Privacy Notice

Housing and Community Services (HACS) is obliged to handle your information in accordance with the Privacy Principles set out in the *Information Privacy Act 2014*. We explain how your personal information is collected, used, shared, stored, accessed and corrected in our privacy policy: www.communityservices.act.gov.au/home/full_privacy_statement. The information you provide in this form will be used to assess if you can claim social housing assistance and for statistical purposes. The collection of this information is authorised by the *Housing Assistance Act 2007*.

If this form requires you to include information about other members of your household, you must seek their consent, or the consent of their guardian, to their information being disclosed as described above.

To enable the Community Services Directorate to provide you with coordinated support services and housing assistance, you are giving your consent that the information on this form may be used by other areas of the Community Services Directorate such as Child, Youth and Family Support. The Community Services Directorate may also disclose your information to the Health, Education, and Justice and Community Safety Directorates.

If you do not consent to supply us with this information, we may not be able to assess your application for social housing assistance. HACS will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose. If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles, you can contact us at CSD.Privacy@act.gov.au or (02) 6207 6547 to lodge a complaint.

Declaration by applicant(s)

I understand:

- the instructions given on this form and note the Privacy Notice above;
- this form will be used by Housing ACT to register my application for housing assistance, provided I am eligible for it;
- that, if I selected community housing or affordable housing on page 1, my personal information may be given to community housing providers to provide me with housing assistance;
- that I may become ineligible for housing assistance if changes occur to any of my, or members 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 and correct;
- that I have provided all of the required documents as shown in the Document Checklist;
- that I have shown the Privacy Notice above to any member of the household whose personal information is included in this form, or their guardian.

Declaration by applicant(s)

28 Declaration by applicant(s)

Please note that there are legal penalties for deliberately giving false or misleading information.

Signature of
Applicant 1

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:

This consent is valid for the period not exceeding 12 months from:

/ to /

Signature of Applicant or Legal Guardian

Full name

Date

 /

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Consent for Centrelink to provide a Statement of Income

Complete this form if you or any member of your household receives a payment from the Department of Human Services (the Department). Housing and Community Services (HACS) will send this form to the Department and they will provide a Centrelink Statement of Income in connection with this application. If you need more than one form, contact HACS or print a copy from the website at www.communityservices.act.gov.au/hcs.

I / We authorise HACS to perform a Centrelink enquiry of my customer details and concession card status using the Centrelink Confirmation eServices. I / We authorise the Department to provide the results of that enquiry electronically to HACS.

I / We understand that the Department will disclose personal information to Housing ACT, including:

- the type and amount of pension or allowance payments Centrelink makes to me / us;
- the number of dependent children used to assess any family payments;
- details of any deductions from my / our payments, e.g. Child Support Agency payments, Centrepay deductions;
- details of any other income I / we have told Centrelink about, e.g. overseas pensions, child maintenance, returns on investment and wages/salary.

These details will be used by HACS to determine if I am eligible for Social Housing assistance.

I / Our consent is limited to providing information only in respect of Registration to apply for Social Housing assistance.

I / We understand that a written copy of the statement can be obtained at any time from either HACS or Centrelink.

Applicant 1

Full Name
Centrelink CRN
Signature
Date / /

Applicant 2 / Additional household resident

Full Name
Centrelink CRN
Signature
Date / /

Additional household resident

Full Name
Centrelink CRN
Signature
Date / /

Additional household resident

Full Name
Centrelink CRN
Signature
Date / /

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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.communityservices.act.gov.au/hcs

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)?

 \$

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The information you provide in this form will be used to assess your application for Social Housing Assistance and for statistical purposes. If you do not consent to supply us with this information we may not be able to assess your application. HACS will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose. If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles you can contact us at CSD.Privacy@act.gov.au or (02) 6207 6547 to lodge a complaint.

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

No

Yes Give the following details

Week ending	No. of hours of overtime	Payment for overtime
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
/ /		\$
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/ /		\$

7 Employer's details

Name

Phone

Position

Signature

Date / /

Company seal or stamp