



# Registration to apply for Housing ACT Public Rental Assistance

## About the information you give

The personal information requested on this form is required under the Housing Assistance Act 2007.

The information you provide will be treated confidentially and used to assess your entitlement to housing assistance, for statistical purposes and to assist us to maintain your tenancy. This information may be disclosed by Housing ACT as required by law.

You may have access to any information you provide to ensure that it is still accurate, and to allow you to correct it if necessary.

It may be necessary to disclose your information to members of the multi-disciplinary panel who consider applications for priority housing and anybody hearing an appeal in relation to your application.

For further information on storage and use of your information, please ask for a privacy statement from a Housing ACT officer.

ENGLISH	If you need interpreting help, telephone:
ARABIC	: إذا احتجت لمساعدة في الترجمة الشفوية، إتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνεία τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefoniрајте:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

### TRANSLATING AND INTERPRETING SERVICE

131 450

Canberra and District - 24 hours a day, 7 days a week

## 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 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 9 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 11 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 12 must be completed before you lodge this form.

## Step 3

Make sure you have all the required documents. The checklists on pages 6 and 7 will help you find out which documents you must bring when you lodge your form with Housing ACT.

Your application cannot be completed until all documents have been presented.

## Step 4

Lodge your application at the Housing ACT Applicant Service Centre — 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 2617

You will be advised of the outcome of your application within 28 days of receipt.

### Office Use Only

Reg No.

Date Rec.

Time



Personal details	Applicant 1	Applicant 2
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
2 Your full name	<input type="text"/> <input type="text"/>	<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"/> <input type="text"/> Postcode	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
6 Your telephone numbers	<input type="text"/> (H) <input type="text"/> (W) <input type="text"/> (M)	<input type="text"/> (H) <input type="text"/> (W) <input type="text"/> (M)
7 Email address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
8 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"/>
9 Are you a citizen or permanent resident of Australia?	Yes <input type="checkbox"/> ▶ Go to Question 10 No <input type="checkbox"/> ▶ Are you currently a sponsored migrant to Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶  Please attach evidence _____ Do you currently hold a Temporary Protection Visa? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶  Please attach evidence	Yes <input type="checkbox"/> ▶ Go to Question 10 No <input type="checkbox"/> ▶ Are you currently a sponsored migrant to Australia? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶  Please attach evidence _____ Do you currently hold a Temporary Protection Visa? No <input type="checkbox"/> Yes <input type="checkbox"/> ▶  Please attach evidence
10 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).
11 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"/>
12 Do you have or have you applied for, a bond loan?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ What name is the loan or application in? <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ What name is the loan or application in? <input type="text"/>
13 Are you currently or have you previously been a Housing ACT Tenant?	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details? Name on previous tenancy (if different from above) <input type="text"/> Address of previous tenancy <input type="text"/> <input type="text"/> <input type="text"/> Postcode	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ Give details? Name on previous tenancy (if different from above) <input type="text"/> Address of previous tenancy <input type="text"/> <input type="text"/> <input type="text"/> Postcode

**14 These questions are optional and will be used for statistical purposes only**

Are you of Aboriginal or Torres Strait islander origin?

No   
Yes – Both

Yes – Aboriginal   
Yes – Torres Strait Islander

No   
Yes – Both

Yes – Aboriginal   
Yes – Torres Strait Islander

Your preferred language



Country of birth



**15 Provide details of someone we can contact if we are unable to contact you**

If possible, please list someone who lives in the ACT

Name

Address


Postcode

Telephone

**16 Indicate your Housing Requirements**

(Please attach evidence)

- Location - see property allocations zone map
- Disabled modifications (Occupational Therapist's report to be attached)
- Other


**Other Residents**

**17 Will any other people live in the Housing ACT Property with you permanently (including children)? Provide evidence of % amount of child contact**

No  Yes  Give details below

(i.e. who spends time with child/ren or who has parental responsibility)

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"/>
			No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**Referral Source**

**18 Did a person or an agency refer you to Housing ACT?**

No  Yes  Give details below

Referral Source:


**Access to support services**

**19 Does anyone included on this application receive support from an agency or organisation?**

No  Yes  Give details below

Applicant/household member	Name of Agency and contact person	Nature of support	Permission to exchange information
			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"/>

## Current Situation

**20 Please provide details if any of the following issues or circumstances apply to the people on this application.**

Issue	Details	Info/referral provided	
Where are you currently living?		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Children/carer responsibilities Are there currently any care orders of family court proceedings?		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Disability		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Parent/relatives		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Spouse/Partner		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Your and/or family's health		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Mental Health		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Physical Health		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Domestic violence		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Financial Issues/debts		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Alcohol and drug issues		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Personal Safety/security issues/Victim of crime		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Educational needs		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Neighbourhood Disputes		Info <input type="checkbox"/>	Referral <input type="checkbox"/>
Is there any additional information you would like Housing ACT to know about which may assist us in registering you on the most appropriate waiting list, and/or assist Housing to locate the most appropriate support options for you?			

Provide Consent to Exchange Information form where not already provided

## Pets

**21 Do you currently have or own any pets?** Yes  No  If yes, please indicate how many and what type (e.g. 1 dog, 2 cats etc)

Do you have:	Applicant 1		Applicant 2	
Guide Dog?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Pets for Therapy?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Assistance Animal?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Medical documents required?	<input type="checkbox"/>			

Attach medical documents as evidence.

Income	Applicant 1	Applicant 2
<b>22 Do you currently receive Centrelink or Family Assistance Office benefits?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please complete the Consent for Centrelink to provide a Statement of Income on page 12 OR provide a Centrelink Income Statement for Housing Authorities	No <input type="checkbox"/> Yes <input type="checkbox"/> Please complete the Consent for Centrelink to provide a Statement of Income on page 12 OR provide a Centrelink Income Statement for Housing Authorities
<b>23 Are you currently employed?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> Please complete the Income Statement from Employer on page 9 or provide payslips for the last 26 weeks when you lodge this form.	No <input type="checkbox"/> Yes <input type="checkbox"/> Please complete the Income Statement from Employer on page 9 or provide payslips for the last 26 weeks when you lodge this form.
<b>24 What is your gross income? (ie before tax)?</b> Include wages and pension payments	Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/>	Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/>
<b>25 Do you receive any other income (e.g. overseas pension, interest on bank accounts, child support payments)?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you receive? Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you receive? Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/>
<b>26 Do you PAY any child support?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay? Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/> Please attach evidence of how much you pay such as a letter from the Child Support Agency (CSA).	No <input type="checkbox"/> Yes <input type="checkbox"/> How much do you pay? Per week <input type="text"/> \$ <input type="text"/> OR Per fortnight <input type="text"/> \$ <input type="text"/> Please attach evidence of how much you pay such as a letter from the Child Support Agency (CSA).
<b>27 What is the total amount of rent/board you currently pay per week?</b>	Per week <input type="text"/> \$ <input type="text"/> please attach a copy of your lease ,rental receipts, or letter confirming boarding arrangements	Per week <input type="text"/> \$ <input type="text"/> please attach a copy of your lease ,rental receipts, or letter confirming boarding arrangements

Assets		
Personal details	Applicant 1	Applicant 2
<b>28 Do you have any bank, building society or credit union accounts?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> How many do you have? <input 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 type="text"/> Please attach the documents outlined in the Housing ACT Fact Sheet – Acceptable Forms of Bank Statements
<b>29 Do you have any investments such as shares or bonds?</b>	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
<b>30 Does anyone in the household currently have an outstanding claim for workers or other form of compensation, or is anybody intending to claim?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, applicants must complete an <i>Undertaking to Repay Rebate</i> when any payment is received.	No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, applicants must complete an <i>Undertaking to Repay Rebate</i> when any payment is received.
<b>31 Is anyone in the household anticipating, or has received, any lump sum payment (in the past 12 months) from third party insurance or other source?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, provide information and attach appropriate documentation <input type="text"/> <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If YES, provide information and attach appropriate documentation <input type="text"/> <input type="text"/>


Personal details	Applicant 1	Applicant 2									
<b>32 Do you own any cars or other vehicles, including boats, caravans etc?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details Type (e.g. car) <span style="float: right;">Value</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> </table>		\$		\$	No <input type="checkbox"/> Yes <input type="checkbox"/> ► Give details Type (e.g. car) <span style="float: right;">Value</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> </table>		\$		\$	
		\$									
	\$										
	\$										
	\$										
<b>33 Do you own (or part own) any residential or business property?</b>	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: 100%; height: 20px;" type="text"/> Address of the property <input style="width: 100%; height: 20px;" type="text"/> <div style="text-align: right;">Postcode</div> <input style="width: 100%; height: 20px;" type="text"/> Value of the property <input style="width: 100px;" type="text"/> Amount owing <input style="width: 100px;" type="text"/> If this is a residential property, please explain why you can't live in it? <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	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: 100%; height: 20px;" type="text"/> Address of the property <input style="width: 100%; height: 20px;" type="text"/> <div style="text-align: right;">Postcode</div> <input style="width: 100%; height: 20px;" type="text"/> Value of the property <input style="width: 100px;" type="text"/> Amount owing <input style="width: 100px;" type="text"/> If this is a residential property, please explain why you can't live in it? <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>									
	<b>34 Do you have any other assets not already listed on this form?</b>  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 Type of asset <span style="float: right;">Value</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> </table>		\$		\$	No <input type="checkbox"/> Yes <input type="checkbox"/> ►  Give details and attach evidence of the value of each asset Type of asset <span style="float: right;">Value</span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right;">\$</td></tr> </table>		\$		\$
			\$								
			\$								
			\$								
	\$										

### Proof of identity documents

**35 100 Point Check for Proof of Identity. Each applicant must supply 100 points of identity.** Please use this table to ensure that you have all the identification required.

Documents for proof of identification	Points	Applicant 1	Applicant 2
Birth certificate	70		
Citizenship Certificate	70		
Visa	70		
Passport (current or expired less than 3 years, not cancelled)	70		
Rates notice	35		
Bills e.g. electricity, telephone (one per institution only)	25 per bill		
Credit/debit/ATM card (one per institution only)	25 per card		
Tertiary ID card	40		
Primary/secondary/tertiary institution record within last 10 years	25		
Secondary/tertiary enrolment notice	25		
Electoral roll	25		
Public Service employee ID Card	40		
Non Public Service employee ID card	25		
Other government issue ID card - sealed in plastic	40		
Government issue license or permit, e.g. drivers, shooters	40		
Other license or permit, e.g. foreign drivers	25		
Marriage certificate	25		
Medicare card	25		
Registration certificate, e.g. car, boat	25		
Centrelink/Pension Card	40		
Other acceptable documents that verifies name and address or signature	25		
<b>Total points scored</b> (minimum 100 points per person)			

**36 Other documents you may need to provide**

 This checklist is to help you work out what documents you need to provide. You can refer back to the Questions to see if you need to provide the document.

Question	Documents	Applicant 1	Applicant 2
9	If you are a sponsored migrant to Australia – attach evidence	<input type="checkbox"/>	<input type="checkbox"/>
	If you hold a Temporary Protection Visa – attach evidence	<input type="checkbox"/>	<input type="checkbox"/>
22	If you receive Centrelink or Family Assistance Office Benefits: • complete the Consent for Centrelink to provide a Statement of Income on page 11 OR • provide a Centrelink Income Statement for Housing Authorities	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
23	If you are employed: • complete the Income Statement from Employer on page 9 OR • provide payslips for the last 26 weeks	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
26	If you pay child support – attach evidence such as a letter from the CSA	<input type="checkbox"/>	<input type="checkbox"/>
28	If you have any bank, building society or credit union accounts – attach the documents outlined in the Housing ACT Fact Sheet – Acceptable Forms of Bank Statements	<input type="checkbox"/>	<input type="checkbox"/>
29	If you have any investments such as shares or bonds – attach evidence of your investments	<input type="checkbox"/>	<input type="checkbox"/>
31	If you own (or part own) any property – attach evidence of ownership	<input type="checkbox"/>	<input type="checkbox"/>
32	if you have any other assets – attach evidence of the value of each asset	<input type="checkbox"/>	<input type="checkbox"/>

17	If any household members named at Question 17 receive an income – attach details	<input type="checkbox"/>
17	If you or any household member is pregnant – attach a letter from the doctor	<input type="checkbox"/>
17	If you or any household member have legal care of any children not already named on this form – attach evidence of legal care in the form of a legal statement from a solicitor, family court document or a letter from a former spouse/partner	<input type="checkbox"/>
19	If anyone on this application receives support from an agency or organisation and they allow Housing ACT to contact their support person/agency to discuss this application – complete the Consent to Exchange and Release Information on page 12	<input type="checkbox"/>
20	If you answered ‘Yes’ to any of Questions 16, 20, 21 attach relevant evidence such as a letter from a doctor or a Medical Certificate	<input type="checkbox"/>

Continued on the next page ►

## Assistance with this form

**37 Did another person assist or complete this form on behalf of either applicant?**

No  ▶ Go to Declaration by applicant(s) below?

Yes  ▶ Which applicant was assisted?

Applicant 1  Applicant 2

*The person who helped will need to complete the Declaration at 39 below*

**38 Declaration by person assisting or completing this form on behalf of the applicant(s)**

- *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*

**Signature of person who assisted**

Full name

Date

The information you provide will be treated confidentially and used to assess your entitlement to housing assistance, for statistical purposes and to assist us to maintain your tenancy. For these purposes it may be necessary to disclose your information to members of the multi-disciplinary panel who consider applications for priority housing and any body hearing an appeal in relation to your application, as well as to agencies or an organisation with which you have signed a current "Consent to Exchange and Release information form".

In addition, we may disclose your information when required or authorised by or under law.

You will have access to any information you have provided to ensure that it is still accurate, and you will be allowed to correct it if necessary.

## Declaration by applicant(s)

**39 Declaration by applicant(s)**

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

- *I declare that the information given in this application is complete and correct.*
- *I have provided all the required documents as shown in the Document checklist.*

**Signature of Applicant 1**

Date

**Signature of Applicant 2**

Date

## Assessment

**Assessment (please do not sign until you have been assessed for Housing Assistance)**

*I have checked the information provided in this form during a face to face / phone (pick one) Assessment for Housing Assistance on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ with the applicant.*

**Housing Officer**

**Housing Officer Signature**

**Signature of Applicant 1**

**Signature of Applicant 2**

*The information in this application is correct at the time of my Assessment for Housing Assistance*

Date



*This page has been left blank intentionally*



# 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](http://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.

### Applicant 1

Full Name .....
Centrelink CRN .....
Signature .....
Date ..... / ..... / .....

### Applicant 2

Full Name .....
Centrelink CRN .....
Signature .....
Date ..... / ..... / .....

### Applicant 3

Full Name .....
Centrelink CRN .....
Signature .....
Date ..... / ..... / .....

### Applicant 4

Full Name .....
Centrelink CRN .....
Signature .....
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 2617.

### 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

/

