



## REGISTRATION OF INTEREST IN PURCHASING A HOUSING ACT HOME UNDER THE SHARED EQUITY SCHEME

Surname - Applicant 1	Given Names	Date of Birth:	Male/Female	Marital Status:
Surname - Applicant 2	Given Names	Date of Birth:	Male/Female	Marital Status:
Address - Applicant 1			Phone (H)	Phone (W)
Address - Applicant 2			Phone (H)	Phone (W)

*(If more than 2 applicants please attach the details of other persons with the same information above and their signature)*

**Is any member of the family residing in the property of Aboriginal or Torres Strait Islander descent?**

**Please Tick**                      Yes       No

**Note: To be eligible to purchase, at least one of you needs to have achieved 3 years continuous tenancy, to date, as the Head tenant/s of a property owned by Housing ACT.**

How many years have you been a public housing tenant/s?			years
Is your rent account up to date?	<i>Please Tick</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you in receipt of rental rebate?	<i>Please Tick</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any legal action pending in relation to your tenancy?	<i>Please Tick</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### DECLARATION AND PRIVACY CONSENT

I/We declare the following:

1. I/We confirm that the above information is true and correct to the best of my/our knowledge.
2. I/we have read and understood the information contained in the Purchase Kit provided to me by DHCS.
3. I/We agree and consent to the following parties:
  - (a) the Department of Housing and Community Services (DHCS);
  - (b) IMB Limited (IMB); and
  - (c) any agent or related party of IMB or DHCS,
 (each referred to as a **'Shared Equity Scheme Partner'**), exchanging with each other any personal information about me including:
  - (d) any information provided by me in, or in connection with any application, proposal or agreement with or to another Shared Equity Partner;
  - (e) any information provided by me to DHCS in connection with my tenancy agreement with DHCS including any information concerning my rental payments and tenancy history;
  - (f) any transaction details or transaction history arising out of my arrangements with any Shared Equity Partner; or
  - (g) any other personal information I provide to any Shared Equity Partner or the Shared Equity Partner otherwise lawfully obtains about me; or

4. I/we agree and consent to a Shared Equity Partner disclosing any information relating to me referred to above to its Professional Advisers (eg. an accountant, lawyer, valuer, financial adviser, IT Contractor or other professional services provider engaged for the purposes of obtaining advice regarding the funding, making, administration or repayments;
5. I agree and consent to a Shared Equity Partner disclosing and using any information relating to me referred to above for any purpose relating to the funding, making, administration or repayments under the Shared Equity Scheme.

Signature \_\_\_\_\_  
**Applicant 1**      **Date:**   /   /

Signature \_\_\_\_\_  
**Applicant 2**      **Date:**   /   /

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Please print full name

The completed form can be delivered to Housing ACT as below;

**BELCONNEN**

Applicant Services Centre  
Nature Conservation House  
Cnr Emu Bank & Benjamin  
Way

**CANBERRA CITY**

City Health Centre  
1 Moore Street

**DROP OFF BOX ONLY**

**WODEN**

Phillip Health Centre  
Cnr Corinna & Keltie Sts

**DROP OFF BOX ONLY**

**TUGGERANONG**

Canberra Connect  
Shop 17-21 Homeworld  
Reed St

**DROP OFF BOX ONLY**

Or mailed to;      Housing ACT  
                                 Locked Bag 3000  
                                 Belconnen ACT 2617