

# Priority Housing application form

## OFFICE USE ONLY

Received by: \_\_\_\_\_

Group no: \_\_\_\_\_

Reference no: \_\_\_\_\_

CHSA:  C  CD  S  SD  O

## APPLICATION CHECKLIST

Identification  Yes  No

Proof of income  Yes  No

Bank Statements / ATM Slip  Yes  No

Proof of Residency  Yes  No

Property Ownership  Yes  No

Existing Housing Debt  Yes  No

Assets  Yes  No

Previous Tenant/Applicant  Yes  No

If yes - previous group no. \_\_\_\_\_

## If you wish to apply for Priority Housing please:

1. Complete this form in block letters.
2. Provide proof of income and bank balance for all household members over 18 years of age.
3. Attach ALL documents requested in the application.
4. Sign the application.
5. Lodge the application at your nearest housing office.

**Note:** All information you declare in this application will remain confidential.

Incomplete applications cannot be considered.

للمساعدة اللغوية يُرجى الاتصال بخدمات الإسكان على الرقم 8999 8506

ဘာသာစကား အကူအညီအတွက် ကျေးဇူးပြု၍ စကားပြန် ဝန်ဆောင်မှု NT (Interpreter Service NT) ကိုဖုန်း 8999 8506 ဖြင့်ဆက်ပါ။

Γιά γλωσσική υποστήριξη παρακαλούμε καλέστε τη Διεργμηνευτική και Μεταφραστική Υπηρεσία της Βόρειας Επικράτειας στο 8999 8506.

Untuk bantuan bahasa hubungilah Layanan Juru-bahasa NT (Interpreter Service NT) di nomor telp 8999 8506.

សំរាប់ជំនួយភាសា សូមទូរសព្ទទៅកិច្ចបំរើកម្រៃនៃរដ្ឋដែនដីភាគខាងជើងតាមលេខ 8999 8506 ។

Para assistência com a língua ligue para o Serviço de Intérprete do Território Norte (Interpreter Service NT) no 89998506

Kwa msaada wa lugha, tafadhali pigia Huduma ya Ukalimani na Utafsiri wa lugha NT kwa 8999 8506

Ba hetan assistensia lian nian favor dere ba Servisu Interpretasaun no Tradusan NT iha numeru 89 998506

สำหรับการช่วยเหลือด้านภาษา โปรดโทรไปที่บริการล่ามและแปล เอ็นที ที่หมายเลข 8999 8506

Để được sự giúp đỡ về ngôn ngữ, xin gọi Dịch Vụ Thông Ngôn Lãnh Thổ Bắc Úc (Interpreter Service NT) qua số 8999 8506

## Applicant details

### Applicant 1

Title: \_\_\_\_\_ First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital status: \_\_\_\_\_

Have you or any other person listed in this application been known by another name?  No  Yes

If yes, please tell us the other name(s) and details: \_\_\_\_\_

### Contact details

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Residential address

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**Postal address** (if different from residential address)

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

**Next of kin** (In case we are unable to contact you, please supply details for a person who could help us reach you)

Full name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional contact information:** \_\_\_\_\_

The following information is required to assist the Department of Housing, (the Department) manage your tenancy.

Do you require an interpreter?  No  Yes If yes, in which language: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? (People of both origins should mark both 'yes' boxes).

Aboriginal:  No  Yes Torres Strait Islander:  No  Yes

Do you have a disability?  No  Yes If yes, select disability type (select as many boxes as required)

Psychiatric  Physical  Intellectual  Sensory Other: \_\_\_\_\_

**Applicant 2**

Title: \_\_\_\_\_ First name(s): \_\_\_\_\_

Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital status: \_\_\_\_\_

Have you or any other person listed in this application been known by another name?  No  Yes

If yes, please tell us the other name(s) and details: \_\_\_\_\_

**Contact details**

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Residential address**

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

**Postal address** (if different from residential address)

Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

**Next of kin** (In case we are unable to contact you, please supply details for a person who could help us reach you)

Full name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional contact information:** \_\_\_\_\_

(Applicant details continued from page 2)

The following information is required to assist the Department of Housing (the Department) manage your tenancy.

Do you require an interpreter?  No  Yes If yes, in which language: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? (People of both origins should mark both 'yes' boxes).

Aboriginal:  No  Yes Torres Strait Islander:  No  Yes

Do you have a disability?  No  Yes If yes, select disability type (select as many boxes as required)

Psychiatric  Physical  Intellectual  Sensory Other: \_\_\_\_\_

**Please provide details of every person who lives with you**

List below every person who will be sharing the accommodation. Please provide evidence of your changed household structure, for example:

- Marriage certificate, statutory declaration of de facto relationship
- Birth certificate, custody papers or proof of receipt of Family Tax Benefit payment for custody of children and/or dependents

	Resident 1	Resident 2	Resident 3
First name(s)			
Surname			
Relationship to you (e.g. spouse, daughter)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth			
Aboriginal	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Disability If yes, please specify	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:

	Resident 1	Resident 2	Resident 3
First name(s)			
Surname			
Relationship to you (e.g. spouse, daughter)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth			
Aboriginal	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Disability If yes, please specify	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory Other:

## Income details of all people over 18 named in this application

Please provide evidence of the gross weekly income (before tax) for each person over 18 years who will share this accommodation, including yourself. Attach documentation to confirm incomes received over the past three months as follows:

**Wages:** pay slips or a letter from your employer confirming gross (before tax) income.

**Government pension, benefit or allowance (including Family Tax Benefit Part A):** a statement no more than two weeks old, showing pension/ benefit/ allowance received from Centrelink, Veterans Affairs or other agencies.

**Self-employed:** provide previous financial year's tax notice of assessment from the Australian Taxation Office. Please discuss this with Housing if your business has been operating for less than 12 months.

**Income from any other source (e.g. Workers compensation):** a letter, statement of other documentation that confirms both the source of income and the gross (before tax) amount.

**Note:** Applicants claiming maintenance payments as exempt income must provide documentary proof of payment; e.g. pay slips, confirmation from the Child Support Agency, Statutory Declarations from both parties.

## Statement of assets

Normal household goods (furniture, white goods, TV etc.), personal items (clothing etc.) and one family vehicle are not counted as assessable assets. Assessable assets include high priced saleable items, financial investments and cash savings.

Please provide details of the assets of all people aged over 18 named in this application. Attach documentary evidence of those assets and any loans against them. If any of these assets cannot be accessed (such as superannuation) you will need to provide supporting documentary evidence.

### All bank accounts

Account holder's name	Bank and branch	Account number	Amount (\$)

### Fixed term deposits

Account holder's name	Bank and branch	Account number	Amount (\$)

### Shares investments (include accessible superannuation funds)

Account holder's name	Name of shares/funds	Current value (\$)

### Motor vehicle

Owner's name	Make and model	Estimated current value (\$)	Amount owed (\$)

### Property and land / mobile home / boat / caravan / any other valuable saleable items

Owner's name	Description of assets	Estimated current value (\$)	Amount owed (\$)

If you require additional space, please write on another piece of paper and attach to this form.

## Reason for applying for priority housing

Medical       Financial       Social / family reasons       Homelessness       Domestic violence

Provide details: \_\_\_\_\_

Have you considered other housing options and would you, if bond assistance were available to you?

No     Yes

If no, why not? \_\_\_\_\_

Who is supporting your application? Example: case manager, doctor and their contact details.  
Attach case management plan if necessary.

Name of author (person supporting the application) **block letters**.

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the applicant (e.g. Social worker, doctor): \_\_\_\_\_

How long have you known / been treating the applicant? \_\_\_\_\_

Author to sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Declaration by applicant

The Department collects only that personal information which is necessary to provide housing assistance under the Housing Act and its Regulations. If you do not provide the information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required authorised by law or necessary for maintenance, debt recovery, housing policy and research purposes in accordance with the Information Privacy Principles scheduled in the *Information Act* (NT). You have a right to access and correct the information held about you. If you have any queries or concerns please contact the Information Management Unit on 08 8999 8490 or write to GPO Box 4621, Darwin NT 0801.

### Applicant/s

I/We, \_\_\_\_\_ (name/s in block letters)

declare that, to the best of my knowledge, the answers I/we have given in this application are true and correct. I/we understand this application must be accurate and up to date and will advise the Department within 14 days of any change to my/our circumstances (income, address etc.) which may affect the application

I/we understand that I/we am liable to be prosecuted under the Housing Act of the Northern Territory should I/we deliberately make a false or misleading statement in this application. Penalty: \$1,000 fine or six months imprisonment.

I/we hereby authorise Department personnel to investigate any personal and financial background relevant to this application.

### Applicant 1

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

### Applicant 2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

Under the *Information Act*, the Department cannot supply your personal information to anyone without your consent. If you wish to consent to the release of information to your co-applicant please complete the authorisation below:

I, \_\_\_\_\_ (Name) authorise the release of personal information to \_\_\_\_\_ (Name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

I, \_\_\_\_\_ (Name) authorise the release of personal information to \_\_\_\_\_ (Name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

## Referral agency / medical practitioner's report

You may ask your support person to complete the following questions on your behalf, or to provide a separate letter in support of your application.

**Note:** Letters of support from family members will not be considered.

Please provide details of the medical condition or other reasons for this application.

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How does the seriousness of the situation impact on the applicant's ability to secure other forms of housing, for example private rental, sharing?

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How would the provision of priority housing help?

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Is modified housing required?

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What on-going support is required / will be provided?

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The application form for priority housing gives you an opportunity to tell us why you need priority housing. It is important that you answer all the questions. There are sections on the form for your doctor, social worker or referral agency to give their support of your application. Letters and other documentation that support your need for priority housing should be attached to the application form. Other documentation may include restraining orders, evidence of a medical condition, etc.

## Documentation required

### For all people aged 18 years and over

- Proof of Identification (Driver's Licence / Pension Card / Passport etc.)
- Proof of household income (Centrelink payments, wages etc.)
- Current bank statement or ATM slip
- Statement of assets
- Proof of loans against assets
- Proof of permanent residency status
- Marriage certificate
- Children's birth certificates
- Proof of custody of children
- Statutory declaration(s) regarding de facto relationships
- Centrelink number and details
- Proof of sale of property (settlement statement)
- Two satisfactory tenancy references
- Medical documentation regarding special requirements
- If pregnant, a doctor's letter regarding expected birth date
- Support agency documentation

Reference No: \_\_\_\_\_

### During waiting time

During waiting time you need to inform us of a:

- change of residential or postal address change
- in numbers of household members

**Note:** Should you be ineligible at the time of the pre-tenancy interview your application may be cancelled. A further assessment will be conducted at that time.

### Notes

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