



# 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 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 6 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 8 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 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 2616

#### Accessibility

The ACT Government is committed to making its information, services, 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 or audio—please telephone **(02) 6205 0619**

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 **(02) 6205 0888**

Personal details	Applicant 1	Applicant 2
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<b>1 Title</b>	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"/>
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<b>2 Your full name</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<b>3 Date of birth</b>	<input style="width: 20%; text-align: center;" type="text"/> / <input style="width: 20%; text-align: center;" type="text"/> / <input style="width: 20%;" type="text"/> Sex <input style="width: 20%;" type="text"/>	<input style="width: 20%; text-align: center;" type="text"/> / <input style="width: 20%; text-align: center;" type="text"/> / <input style="width: 20%;" type="text"/> Sex <input style="width: 20%;" type="text"/>
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<b>4 Address where you currently live</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 40%;" type="text"/> Postcode	<input style="width: 40%;" type="text"/> Postcode

<b>5 Postal address (if different to the address where you currently live.)</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<input style="width: 40%;" type="text"/> Postcode	<input style="width: 40%;" type="text"/> Postcode

<b>6 Your contact details</b>	<input style="width: 95%;" type="text"/> (H)	<input style="width: 95%;" type="text"/> (H)
	<input style="width: 40%;" type="text"/> (W)	<input style="width: 40%;" type="text"/> (W)
	<input style="width: 40%;" type="text"/> (M)	<input style="width: 40%;" type="text"/> (M)
<b>Email address</b>	<input style="width: 40%;" type="text"/> (E)	<input style="width: 40%;" type="text"/> (E)

<b>7 What is your relationship to the other applicant named on this form? (if applicable)</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<b>8 Are you a permanent resident of Australia?</b>	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	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
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<b>9 Have you lived in the ACT for more than six months?</b>	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).
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<b>10 Do you have a current application for housing assistance?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ What name is the application in? <input style="width: 95%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> ▶ What name is the application in? <input style="width: 95%;" type="text"/>
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<b>11 Are you of Aboriginal or Torres Strait Islander origin?</b> (These questions are optional and will be used for statistical purposes only unless you are applying for Aboriginal and Torres Strait Islander Community Housing)	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"/>
Your preferred language	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country of birth	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

<b>12 Provide details of someone we can contact if we are unable to contact you (Emergency or Third party contact)</b> If possible, please list someone who lives in the ACT	Name <input style="width: 95%;" type="text"/> Address <input style="width: 95%;" type="text"/> <div style="text-align: right;"><input style="width: 40%;" type="text"/> Postcode</div> Telephone <input style="width: 95%;" type="text"/>
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**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 Centrelink or Family Assistance Office benefits?**

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 6 or provide payslips for the last 26 weeks when you lodge this form.

No  
Yes Please complete the Income Statement from Employer on page 6 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 Per fortnight  
\$ OR \$

No  
Yes How much do you receive?  
Per week Per fortnight  
\$ OR \$

**19 Do you PAY any child support?**

No  
Yes How much do you pay?  
Per week Per fortnight  
\$ OR \$  
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 Per fortnight  
\$ OR \$  
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
<b>20 Do you have any bank, building society or credit union accounts?</b>	No Yes      How many do you have?  Please attach the documents outlined in the Housing ACT Fact Sheet – Acceptable Forms of Bank Statements	No Yes      How many do you have?  Please attach the documents outlined in the Housing ACT Fact Sheet – Acceptable Forms of Bank Statements
<b>21 Do you have any investments such as shares or bonds?</b>	No Yes      Please attach evidence of your investments	No Yes      Please attach evidence of your investments
Personal details	Applicant 1	Applicant 2
<b>22 Do you own any cars or other vehicles, including boats, caravans etc?</b>	No Yes      Give details Type (e.g. car)      Value	No Yes      Give details Type (e.g. car)      Value
<b>23 Do you own or hold an interest in any residential or business property in Australia?</b>	No Yes      Give details and attach evidence of ownership of the property  Name of owner(s)   Address of the property	No Yes      Give details and attach evidence of ownership of the property  Name of owner(s)   Address of the property   Postcode
<b>24 Do you have any other assets not already listed on this form?</b>  Do not include personal possessions, furniture, tools of trade etc.	No Yes      Give details and attach evidence of the value of each asset  Type of asset      Value	No Yes      Give details and attach evidence of the value of each asset  Type of asset      Value
<b>25 Has 100 points been provided for each applicant?</b> (Please see Housing ACT Fact Sheet - Applying For Housing)	Applicant 1 No Yes	Applicant 2 No Yes

## Assistance with this form

<b>26 Did either applicant receive assistance to complete this form?</b>	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 27 below
<b>27 Declaration by person assisting or completing this form on behalf of the applicant(s)</b>	<ul style="list-style-type: none"> <li>I have filled in this form on the basis of the information the applicant(s) provided me.</li> <li>I have read out the form and the answers to the applicant(s) who seemed to understand them.</li> <li>I understand there are penalties for giving false or misleading information</li> </ul> <p><b>Signature of person who assisted</b></p> <p>Full name</p> <p>Date      /      /</p>

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

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## Personal Information and Privacy Notice

The Community Services Directorate is collecting the information on this form to assess if you can claim social housing assistance. The collection of this information is authorised by the *Housing Assistance Act 2007*.

To enable the Community Services Directorate to provide you with coordinated service delivery, you are giving your consent that the information on this form may be used by relevant areas of the Community Services Directorate to facilitate housing assistance. This includes the provision of associated services required to support and assess your housing assistance including therapy, disability, children, youth and family support.

The Community Services Directorate may also disclose your information to the Health, Education and Training, and Justice and Community Safety Directorates.

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.

The information you provide may also be disclosed where authorised or required by ACT or Commonwealth Law.

Your information provided on this form will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988 (Commonwealth)*. You may have access to any information you have provided to ensure that it is accurate, and to allow you to correct if necessary.

### Declaration by applicant(s)

I understand:

- the instructions given on this form and note the Personal Information and 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 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 Personal Information and 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 applicants(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



# 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 : ...../...../.....



# Income Statement from Employer

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.dhcs.act.gov.au](http://www.dhcs.act.gov.au)

**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)?**

 \$

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

No

Yes

Give the following details

Weekending	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