

# Application for rental rebate and continued eligibility

You can apply for a rental rebate and confirm your eligibility for public housing using this form.

If you wish for the Department of Local Government, Housing and Community Development to share information about you and/or your application with another person or agency, please let a Housing staff member know. You may be required to complete an Authorisation to Disclose Personal Information form.

You can ask for help to complete this form. Help can be from a friend, relative or supporting agency worker. You can ask the department for information about interpreters to help you complete this form.

When completing the form, please ensure you:

- read and answer all of the questions carefully
- write in BLOCK LETTERS
- show your answer with a tick (✓) where there are boxes
- attach any supporting documents if required
- sign the declaration
- return this application form to your local Housing office and collect your lodgement receipt.

## If someone moves in or out of your house

If other people (including children) move in or out, you must let the department know.

- To add people to your household, please add their details in the household members section in the application form. If you want to add more people to your application but there is no space in the form, please ask for an Additional Household Members form. You may be required to provide supporting documents with your application.
- To remove people from your household, please complete a Statutory Declaration with their details and include the date they left.

## After you apply

The department will review your application and check it is complete. You will be given a lodgement receipt for your reference. The department will then assess your eligibility for public housing and a rental rebate.

Incomplete applications or missing documents will delay assessment. The department will inform you of the outcome of your application in writing.

## Disclaimer – you are responsible for your information

Please tell the department about any changes to your circumstances within 28 days, such as:

- the birth of a child
- changes in your contact details
- a change in household income
- any changes to household members on your application
- any other changes that may affect the outcome of your application.

## Statement of assets

You may be required to provide supporting documents for assessable assets. An assessable asset is any property or item of value owned by any household member aged 18 years and over and/or an applicant or tenant who is under 18 years and are a signatory to the lease. This also includes any assets located overseas. Examples of assessable assets include cash or money in your bank account, boats or caravans and hobby or trading collections.

Normal household goods and person items such as furniture, white goods and clothing are not considered assessable assets. This also includes personal vehicles or other transport such as mobility scooters and motorbikes.



## Application for Rental Rebate and Continued Eligibility

<b>OFFICE USE ONLY</b>	Receiving DLGHCD user ID		Lodgement date	/	/
TMS Group no		Rebate expiry date		/	/
Rebate Pending TMS 3.1	<input type="checkbox"/> Yes <input type="checkbox"/> No				

### Form

<b>Tenant details</b>						
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
First name(s)		Last name				
Date of Birth	/ /	Email				
Home phone		Mobile				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander					
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list language _____					
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other					
<b>Next of kin / Alternative contact – please give details of a person that we can call to get in contact with you.</b>						
Full name		Relationship to you				
Address						
Email						
Home phone		Mobile				
<b>Partner / co-tenant details</b>						
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
First name (s)		Last name				
Date of Birth	/ /	Email				
Home phone		Mobile				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander					
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list language _____					
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other					
<b>Next of kin / Alternative contact – please give details of a person that we can call to get in contact with you.</b>						
Full name		Relationship to you				
Address						
Email						
Home phone		Mobile				
<b>Residential address</b>						
Address:				Postcode:		

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<b>Postal address</b> (if different from residential address)		
Address:		Postcode:
<b>Household structure</b>		
Since your last rental rebate review, has anyone moved in or out of your household?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please list the details of the people who live with you. To list more people, please ask for an Additional household members form.**

<b>Household member 1</b>			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/   /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Disability If Yes, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other	
<b>Household member 2</b>			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/   /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Disability If Yes, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other	
<b>Household member 3</b>			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/   /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Disability If Yes, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other	

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Household member 4			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/ /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		
Household member 5			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/ /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		
Household member 6			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name(s)			
Last name		Date of Birth	/ /
Mobile		Home phone	
Relationship to tenant			
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Disability If Yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Psychiatric <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Sensory <input type="checkbox"/> Other		
Household income			
Since your last rental rebate review, have you or anyone in your household aged 18 years and over commenced, continued or stopped employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Household assets				
If you answer <b>yes</b> to the questions below, please provide supporting documents			Supporting documents attached	
Do you or anyone living with you have any financial assets (e.g. stock market bonds, shares, investments, cash savings, interest from cash savings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or anyone living with you own or part-own any real estate (e.g. land, house, unit, apartment, flat or commercial property) in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration			
Read the following sections carefully before signing.			
I/We _____	(name/s in BLOCK LETTERS)		
_____	(name/s in BLOCK LETTERS)		
<ul style="list-style-type: none"> <li>Declare that, to the best of my/our knowledge, the answers I/we have given in this application are true and correct.</li> <li>Understand that I/we must advise the Department of Local Government, Housing and Community Development of any changes to my/our circumstances (for example changes in income, contact details, or household size) that may affect this application.</li> <li>Understand that I/we may be prosecuted under section 36(b) of the <i>Housing Act 1982</i> of the Northern Territory should I/we deliberately make a false or misleading statement in this application. Maximum penalty: 100 penalty units.</li> <li>Authorise the Department of Local Government, Housing and Community Development staff to confirm any personal and financial background relevant to this application.</li> </ul>			
Applicant 1 signature		Date	/ /
Applicant 2 signature		Date	/ /

Authorisation between co-tenants			
Under the <i>Information Act 2002</i> (NT), the Department of Local Government, Housing and Community Development cannot supply your personal information to anyone without your consent. If you wish to consent to the release of information to your co-tenant please complete the authorisation below.			
I, _____	(name/s in BLOCK LETTERS)		
authorise the release of personal information to _____	(name/s in BLOCK LETTERS)		
Applicant 1 signature		Date	/ /
I, _____	(name/s in BLOCK LETTERS)		
authorise the release of personal information to _____	(name/s in BLOCK LETTERS)		
Applicant 2 signature		Date	/ /

<b>Notes:</b>

