

Bond Assistance form

This form is to apply to the Department of Local Government, Housing and Community Development for a bond assistance loan. Bond assistance provides up to four weeks rent as bond, and an optional two weeks rent in advance.

All household members 18 years and over applying for the bond assistance loan must provide copies of photo identification, bank statements and other supporting documents.

Do you require an interpreter to help you complete this form? ☐ Yes ☐ No

If yes, please indicate your preferred language: _____

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450
 Para falar conosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.
 Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.
 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการสามทางโทรศัพท์ หมายเลข 131450
 ຖ້າຕ້ອງການສົນທິນກັບເຮົາໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກະຕົກໂທໂປ່ງການສຳມາທັງໂທຟັງ ພາຍເລខ 131450 ຯ
 တွင်အလိုရှိပါက တပ်လ်ဖုန်းဖြင့် ဘာသာပြန် ဝန်ဆောင်မှုကို 131450 တွင် ခေါ်ဆိုပါ။
 Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.
 لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

Part A – Bond Assistance options

What bond assistance option are you applying for?	<input type="checkbox"/> Four (4) weeks rent only	<input type="checkbox"/> Four (4) weeks and two (2) weeks rent in advance
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Part B – Applicant 1

Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other		
First name(s)			
Last name			
Please provide details of any other names, if applicable. (e.g. maiden name, skin name, name changed by deed poll)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		

Part B – Applicant 1 continued			
Have you been diagnosed with a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential address			
Postal address			
Next of kin/alternative contact – please give details of a person that we can call to get in contact with you.			
Full name			
Relationship to Applicant 1			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Income and Asset details – You will need to attach support documents for each applicable income and/or asset.			
Source of income	Gross amount (before tax)	Assets	Gross amount (before tax) or estimated current value
Wages		Bank account(s)	
Pension/allowance		Fixed term deposits	
Self-employment		Shares investments (includes accessible superannuation funds)	
Workers compensation		Boat/caravan/any other recreational vehicles	
Other		Property and land / any other valuable saleable items	

Part C – Applicant 2 (this may be a partner or other joint applicant)	
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other
First name(s)	
Last name	
Please provide details of any other names, if applicable. (e.g. maiden name, skin name, name changed by deed poll)	
Relationship to Applicant 1	

Part C – Applicant 2 continued			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Have you been diagnosed with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Residential address			
Postal address			
Next of kin/alternative contact – please give details of a person that we can call to get in contact with you.			
Full name			
Relationship to Applicant 2			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Income and Asset details – You will need to attach support documents for each applicable income and/or asset.			
Source of income	Gross amount (before tax)	Assets	Gross amount (before tax) or estimated current value
Wages		Bank account(s)	
Pension/allowance		Fixed term deposits	
Self-employment		Shares investments (includes accessible superannuation funds)	
Workers compensation		Boat/caravan/any other recreational vehicles	
Other		Property and land / any other valuable saleable items	

Part C – Household member details			
Please provide details of all people who will be living with you. There is no need to provide details of Applicant 1 or 2 again. If you require more space for household members, please write on another piece of paper and attach it to this form.			
Household member	1	2	3
Title			
First name(s)			
Surname			
Relationship to you (e.g. son, 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household member	4	5	6
Title			
First name(s)			
Surname			
Relationship to you (e.g. son, 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"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer

The Department of Local Government, Housing and Community Development collects only your personal information which is necessary to provide housing assistance under the *Housing Act 1982* and its regulations.

If you do not provide the requested 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 or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act 2002* (NT). You have a right to access and correct the information held about you.

If you have any queries or concerns please contact the Governance and Information Management Unit on 8999 8490, email infoact.DLGHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Part E – 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"> Understand that I/we may be prosecuted under 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. Authorise the Department of Local Government, Housing and Community Development staff to confirm any personal and financial background relevant to this application. 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. 			
Applicant 1 signature		Date	/ /
Applicant 2 signature		Date	/ /
Authorisation between applicants			
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	/ /

Office use only			
Received by			
Group no		Previous Group no (if applicable)	
TRM Reference no			
Bond assistance requested in Part A	<input type="checkbox"/> Four (4) weeks rent only	<input type="checkbox"/> Four (4) weeks and two (2) weeks rent in advance	
Entitled maximum amount per week	\$		
Date client notified	/ /	Date entitlement letter expires	/ /

Checklist – Supporting documents required		
Document attached	The following are examples of documents you are required to provide to support your application.	OFFICE USE ONLY CHECK (Staff to tick as applicable)
<input type="checkbox"/>	<u>Proof of identification</u> Pensioner concession card, Medicare card, driver licence, birth certificate, current passport or citizenship certificate for everyone listed in the application. Photographic identification must be provided for each lease signatory applying for Bond Assistance.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of Northern Territory residency</u> The document must: <ul style="list-style-type: none"> • detail your full name • be no more than a fortnight old at the time of submitting your application • be on official letterhead, remittance advice or provided direct from the relevant authority. 	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of custody for sole parents</u> Legal documents proving custody or a document issued by Centrelink confirming custody arrangements.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of marriage or de facto relationship</u> Not required if this documented on your Income Statement issued by Centrelink.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of custody/guardianship for dependents other than your own children</u> This can be in the form of receipt of Centrelink Family Tax Benefit, Child Maintenance Payments, and Carers Allowance.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of household income</u> Centrelink Income Statements and/or payslips for the past thirteen (13) weeks.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Current bank statements</u> Bank statements are required to show at least three (3) months of transactions.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Statement of assessable assets</u> Most current valuation certificate or documents	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of loans against assets</u> Bank statements or loan documents	<input type="checkbox"/>

Further information about acceptable support documents can be found on the following fact sheets:

- Proof of Identification
- Proof of Income
- Bond assistance