

Proof of Identification

This form is used to verify the identity of an individual who cannot provide two secondary sources of identification as specified in the Department of Housing and Community Development's Identification and Documentation Policy. This form is to be completed by an authorised referee.

An authorised referee includes:

- a chairperson, secretary or CEO of an incorporated Indigenous organisation (such as land councils, community councils, housing organisations)
- a Remote Jobs and Communities Program provider
- school principal
- school counsellor
- minister of religion
- treating health professional or manager in Aboriginal Medical Services
- a public servant with at least five years' service in either the Northern Territory or Australian Government.

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.
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 กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450
ທຸກໆພາສາອື່ນ ທີ່ບໍ່ແມ່ນພາສາອັງກິດ ກະລຸນາຕິດຕໍ່ບໍລິການຊ່ວຍເຫຼືອ ສູນອາກິດສະໄນເກມບັກກຸ້ມຄອງພາສາ ທາຍເລຂາ 131450 ຯ
ထုတ်ຕိုက်နှင့် အင်္ဂလိပ်ဘာသာစကားမဟုတ်သော ဘာသာစကားဖြင့် ပြောလိုပါက တယ်လီဖုန်းဖြင့် 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.

An authorised referee **must** have known the applicant for a minimum of two years and be able to verify the applicant's identity.

If you cannot provide an authorised referee who meets the above criteria please contact your local Housing Office to discuss alternatives.

Part 1 - Applicant's personal details			
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:			
Alternative name(s):			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth: <input type="text"/>
Address:			Postcode: <input type="text"/>



Part 2 – Authorised referee’s details			
Official title			
First name (s):			
last name:			
Name of organisation or department			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth: <input type="text"/>
Address:			Postcode: <input type="text"/>

Part 3 – Statement by authorised referee			
I, _____(name/s in BLOCK LETTERS) confirm that:			
<ul style="list-style-type: none"> • the applicant has signed this in my presence, or • I have identified the applicant as the person named at Part 1 by my personal knowledge of their circumstances. • I am an authorised referee (as listed above), and • all the names I am aware of that the applicant has been known by are included at Part 1, and • I have known the claimant: 			
<input type="checkbox"/> Professionally <input type="checkbox"/> Personally for _____ years and _____ months			
Authorised referee signature:			Date: <input type="text"/>

Part 4 – Statement of privacy
<p>The Department of Housing and Community Development collects only that personal information which is necessary to provide housing services and tenancy support. If you do not provide the required information we may not be able to provide you with assistance. The information collected will only be used for the purpose it was collected and will not be disclosed to anyone without your consent unless it is required or authorised by law; or is necessary for maintenance, debt recovery, housing policy and research purposes in accordance with the Information Privacy Principles at Schedule 2 of the <i>Information Act</i> (NT). You have a right to access and correct any information we hold about you.</p> <p>If you have any queries or concerns please contact the Information Access Unit on 89998490 or write to GPO Box 4621, Darwin NT 0801.</p>

Part 5 - Declarations

5.1 Declarations by applicant

I, _____ (name/s in BLOCK LETTERS)

1. I understand that I may be prosecuted under the *Housing Act* of the Northern Territory should I deliberately make a false or misleading statement in this application.
Maximum penalty: 100 penalty units.
2. I authorise housing staff to confirm any personal and professional background relevant to this application.
3. I have had these responsibilities explained to me and understand I will be required to confirm and update the information contained in this application every six months.

Applicant signature:

Date:

5.2 Declarations by authorised referee

I, _____ (name/s in BLOCK LETTERS)

1. I understand that I may be prosecuted under the *Housing Act* of the Northern Territory should I deliberately make a false or misleading statement in this application.
Maximum penalty: 100 penalty units.
2. I authorise Housing staff to confirm any personal and professional background relevant to this application.

Authorised referee
signature:

Date: