

Application for Public Housing

Instructions

Need help filling out this form?

You can ask someone to help you complete this form such as a friend, relative or supporting agency worker.

If you need an interpreter please let your local Housing office know. The Department can organise help from an interpreter to complete this form.

Please let a Housing Officer know if you wish for the Department to share information about you and/or your application with another person or agency. You may be required to complete an Authorisation to Disclose Personal Information form.

When completing the form, please:

- read all of the questions carefully
- write in BLOCK LETTERS (for example: JOHN SMITH)
- show your answer with a tick where there are Yes/No boxes (for example: ✓)
- attach any supporting documentation, if required
- sign the declaration
- have this application form sighted and signed by an appropriate witness.

What is this form for?

The Application for Public Housing lets you apply for public housing, request a transfer, and be considered as a priority public housing applicant.

What supporting documents am I required to provide to apply for public housing?

There are a number of supporting documents that you must provide. Please refer to the following fact sheets to see what you need to supply:

- Eligibility criteria for public housing
- Proof of Identification and Income
- Priority Public Housing
- Information for Support Agencies
- Information for Health Professionals.

What happens once you submit your application?

Once you submit your form, the Department will review your application and check it is complete. If your application is complete a lodgement receipt will be provided to you with a reference number. This receipt is NOT confirmation that you will be placed on the public housing waitlist.

The Department will then assess your eligibility for public housing, priority or a transfer (if applicable). You will receive a letter letting you know of the outcome of your application.

Please note that an incomplete Application for Public Housing form will not be accepted and will be returned to you or your nominated representative along with supporting documentation.

What if I want to add more people to my application but there is no space in the form?

If you want to add more people to your application, please ask for an Additional Household Members form.

How do I apply to be considered a priority housing applicant or to transfer to another public housing property?

You can apply at any time to be considered for priority housing or a transfer by filling out Part A (Personal details) to Part D (Request for priority housing or transfer) of the Application for Public Housing form. You will need to provide supporting documents with your application, including any letters of support from your treating health professional and/or support agency.

Requests to transfer within public housing will only be approved if you can meet general eligibility criteria for public housing, can demonstrate a satisfactory tenancy history and any additional requirements specific to the relevant transfer scheme.

Disclaimer – you are responsible for your information

It is your responsibility to keep the Department informed about any changes to your circumstances within 28 days of the change. These changes include:

- 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 for public housing.

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
 අමතන්න අපගේ සේවය වෙනත් භාෂාවකින් කතා කරන්නේ නම් 131450 දුරකථන අංකයට.
 തുടർവിവരങ്ങൾ അഭിമാനത്തോടെ നൽകുന്നതാണ്. വാർഡൻമാർക്ക് വിവരങ്ങൾ നൽകുന്നതിന് 131450 നമ്പർ വിളിക്കുക.
 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.

Housing application lodgement receipt

(Receipting Housing officer to complete upon receipt of a COMPLETED application. Incomplete applications must not be accepted; and these must be returned to the applicant).

Applicant's name

Housing officer user ID

TRM reference no

TMS Group no

Housing office date stamp

Application for Public Housing – Form

PART A - Applicant 1			
Please select the area where you would prefer to be housed:		<input type="checkbox"/> Darwin <input type="checkbox"/> Casuarina <input type="checkbox"/> Palmerston	<input type="checkbox"/> Nhulunbuy <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek <input type="checkbox"/> Community / region <input type="checkbox"/> Town Camp <input type="checkbox"/> Alice Springs
Please list in order your preferences of community/region below:			
1			
2			
3			
Do you require an interpreter?		<input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No	
Title		Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name			
Middle 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"/> Female <input type="checkbox"/> Male	Date of birth	
Address			
Postal address			
Home phone		Work phone	
Mobile		Other phone	
Email		Occupation	
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"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other	

PART A - Applicant 1 continued**Next of kin**

Title	Mr / Mrs / Ms / Miss / Other		
First name			
Last name			
Relationship to you			
Postal address			
Mobile phone		Other phone	
Email			

Income and assets

Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset details

Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B - Applicant 2**Personal details**

Do you require an interpreter?	<input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No		
Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name			
Middle 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"/> Female <input type="checkbox"/> Male	Date of birth	
Relationship to Applicant 1			
Address			
Postal address			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Occupation			
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"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		

PART B - Applicant 2 continued**Next of kin**

Title	Mr / Mrs / Ms / Miss / Other		
First name			
Last name			
Relationship to Applicant 1			
Postal address			
Mobile phone		Other phone	
Email			

Income and assets

Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset details

Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Household members

Please complete the following for all other adult and child that will be living in the home with you.

Person 1**Personal details**

Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Middle 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		Relationship to Applicant 2	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Mobile phone		Other phone	
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"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		

Income and Asset Details

Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Household members continued**Person 2**

Title	Mr / Mrs / Ms / Miss / Other _____		ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle 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		Relationship to Applicant 2	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Mobile phone		Other phone	
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"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		

Income and Asset Details

Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Household members continued**Person 3**

Title	Mr / Mrs / Ms / Miss / Other _____		ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle 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		Relationship to Applicant 2	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Mobile phone		Other phone	
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"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		
Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:			
Source of income	Gross amount (before tax)	Documents attached	
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets	Gross amount (before tax) or estimated current value	Documents attached	
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART D – (Optional) Request for priority housing or transfer**Disclaimer**

The information collected below is to help us to understand your need for priority housing or a transfer.

You will need to fill in Part A to Part D to be considered for priority housing or a transfer. Information on supporting documents required can be found within the fact sheets mentioned in the Instructions on Page 1 of this form.

If you do not provide the required information, the Department of Housing and Community Development may not be able to assist you. The information collected will not be disclosed to anyone without your consent, in accordance with the Information Privacy Principles scheduled in the *Information Act 2002* (NT).

Current living situation

Are you seeking priority housing or a transfer?

☐ Priority housing

☐ Transfer

Why are you seeking priority housing or a transfer?

☐ at risk of homelessness

☐ serious medical reasons

☐ domestic or family violence

☐ serious social/family reasons

☐ transfer to another location

☐ Other (please specify): _____

Where do you live now?

☐ Public housing dwelling

☐ Hospital (excluding psychiatric)

☐ House / townhouse / flat

☐ Psychiatric care facility including hospital

☐ Caravan / tent / cabin / boat / motor vehicle

☐ Disability support accommodation

☐ Improvised building / dwelling

☐ Rehabilitation program accommodation

☐ No dwelling / street / park / in open

☐ Adult correctional facility

☐ Boarding / rooming house / hostel

☐ Youth / juvenile justice detention centre

☐ Emergency or supported accommodation

☐ Immigration detention centre

☐ Boarding school / residential college

☐ Other please specify: _____

☐ Aged care facility

☐ Hotel / motel / bed and breakfast

PART D – (Optional) Request for priority housing or transfer continued

Have you been in any of the following situations within the last 12 months?

Homeless or sleeping rough ☐ Yes ☐ NoShort-term or emergency accommodation, due to a lack of other options ☐ Yes ☐ No

When did you last have a place to live?

☐ Less than 1 week ago☐ 1 week to 1 month ago☐ More than 1 month, to 6 months ago☐ More than 6 months, to 1 year ago☐ More than 1 year, to 5 years ago☐ More than 5 years ago☐ Not applicable

Are you currently on the public housing wait list?

☐ Yes ☐ No

Have you lived in a public housing dwelling in the past?

☐ Yes ☐ No

If yes, when and where did you last live in public housing?

Date

Address

PART E - Declaration**Statement of privacy**

The Department of Local Government, Housing and Community Development only collects personal information which is necessary to provide housing assistance under the *Housing Act 1982* and its regulations. If you do not provide the information we may not be able to assist you. The Department will not release this information to anyone without your consent unless it is required or authorised by law or necessary for maintenance, debt recovery, housing policy or research purposes in accordance with the Information Privacy Principles scheduled in the *Information Act 2002* (NT). You have a right to access and correct any information about yourself.

If you have any queries or concerns about how your personal information is collected and used, please contact the Information Access Unit on 08 8999 8490, email infoact.DLGHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Declaration by applicant/s

Read the following sections carefully before signing.

I/We,(name/s in BLOCK LETTERS)

.....(name/s in BLOCK LETTERS)

- understand that I/we may be prosecuted under the *Housing Act 1982* 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.
- have had these responsibilities explained to me/us and understand I/we will be required to confirm and update the information contained in this application every six months.

Applicant 1

Name:	Date
Signature:/...../.....
Witness Name:	Date
Witness Signature:/...../.....

Applicant 2

Name:	Date
Signature:/...../.....
Witness Name:	Date
Witness Signature:/...../.....

PART F – Office Use Only

If any part of the application form is incomplete or supporting documents are not provided, the application MUST not be accepted and the form and attachments are to be returned to the applicant with the CT10 (and CT11 if applicable) Incomplete Application for Public Housing checklist filled out.

Application type	Urban <input type="checkbox"/> Remote <input type="checkbox"/> Town Camp <input type="checkbox"/> Priority <input type="checkbox"/> Transfer <input type="checkbox"/>		
Date application received		User ID / Staff Name	
TRM record			Has this applicant been a previous tenant/applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
TMS Group Number			
Application Form	Completed (✓)	Comments	
Is PART A completed and supporting documents provided? (i.e. proof of identity/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is PART B completed and supporting documents provided? (i.e. proof of identity/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is PART C completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is PART D completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is PART E completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
For incomplete applications, please complete the following:			
Date incomplete application returned to applicant/...../.....		
Date 'Incomplete Application' letter provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRM No:	
'Incomplete Application' Checklist provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRM No:	
'Proof of Identification and Income' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No		
'Information for Health Professionals' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No		
'Information for Support Agencies' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All communication and information above entered into TMS 1.7 Communications screen (if Group number exists)	<input type="checkbox"/> Yes <input type="checkbox"/> No		