

## Rent Choice Assist Application Form

Use this form if you are applying for Rent Choice Assist to set up or retain a private rental tenancy.

### Personal details of main applicant

#### Your name

Title

Attach proof of your identity. See item 1 on the *Evidence Requirements Information Sheet* for details.

Last name or family name

First and middle name(s)

#### Do you need an interpreter?

This includes an interpreter for people who have a hearing or speech impairment.

Yes  
give details

No

What language?

#### Residential address

Unit/House number

Street/Avenue

Town/Suburb  Postcode

#### Contact details

Phone  Mobile

Email

#### Date of birth

**Note:** If you are under 18 years of age, specific evidence is required. See the *Evidence Requirements Information Sheet* for details.

#### Gender

Male

Female

Other

#### In what country were you born?

#### 1. Are you of Aboriginal or Torres Strait Islander descent?

Yes  
give details

No — Go to Q2

**Note:** Aboriginality will need to be confirmed if you wish to access specific Aboriginal services.

Aboriginal

Torres Strait  
Islander

Aboriginal  
and Torres  
Strait Islander

See item 3 on the *Evidence Requirements Information Sheet* for details.

#### 2. What is your current citizenship?

Australian citizen  
(Australian born or  
obtained citizenship)  
— Go to 4.

Other — Go to Q3

Attach proof if you are an Australian citizen. See item 4 on the *Evidence Requirements Information Sheet* for more information.

**3. What is your current residency status/visa category?**



Attach proof. See item 5 on the *Evidence Requirements Information Sheet* for details.

- Permanent resident
- Sponsored migrant
- New Zealand Special Category Visa
- Refugee/humanitarian
- Asylum seeker

Visa subclass number (if not relevant, write 'not applicable')   
 Date of arrival in Australia

**4. Have you or anyone on this application lived in a social housing property before?**



If you are a former social housing tenant or occupant, additional evidence may be required. See item 6 on the *Evidence Requirements Information Sheet* for details.

- Yes  No → Go to Q5  
 name of person who used to live in a social housing property

Name

**5. Are you currently on the NSW Housing Register?**

- Yes  No → Go to Q6

**6. Do you own (or part own) any residential or commercial property or land (including any property overseas)?**



Attach proof. See item 7 on the *Evidence Requirements Information Sheet* for details.

- Yes  No → Go to Q7  
 give details

Address of the property or land

**7. Income details**



Attach proof. See item 8 on the *Evidence Requirements Information Sheet* for details.

Type of income	Paid	Amount of income
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

**8. What is the value of your savings/ financial assets?**

You are required to list each type of financial asset you own.

**Note:** Include all bank accounts, savings accounts, cash, shares, term deposits, etc.



Attach proof. See item 9 on the *Evidence Requirements Information Sheet* for details.

Type of financial asset	Value of asset
	\$
	\$
	\$
	\$

### Details of other household members

Name	Date of birth	Relationship to applicant	Income source & amount

9. Is any household member expecting a baby?

Yes  No

due date

### Housing details

10. What is your current housing situation?

Private rental

Name of the real estate agent/property owner

Boarding house/  
Caravan

Motel

Family/friends

Refuge

Hospital /  
rehabilitation

Streets

Squat

SHS Transitional  
Accommodation

Juvenile Justice or  
Correctional Centre

Other

11. Is your current tenancy at risk due to a financially destabilising event?

Yes  No — Go to Q12

Reason for tenancy being at risk

Loss of employment

Illness/medical  
condition

Family/relationship  
breakdown

Other  
give details

12. Have you been issued with a Notice of Termination?

Yes  No

13. How long have you been at your current property?

14. How much is your weekly rent?

15. Type of accommodation? (e.g. house, flat, room, etc.)

16. How many bedrooms does the property have?

17. Do you have the capacity to share accommodation?  Yes  No  Not a single person household

18. Are you registered on a tenancy database (e.g. TICA)?  Yes  No

19. Are you currently linked in with supports?  Yes  No → Go to Q20

Name of support agency

Address

Support worker

Phone  Mobile

Email

20. Would you like a referral made to a support agency?  Yes  No → Go to Q21

Type of support required e.g. employment, medical, financial etc.

**Please note**, if you choose to be unsupported and your situation does not change within 6 months, a referral to an appropriate support agency will be made by FACS on your behalf.

21. Are you currently employed?  Yes  No → go to Q22

Name of employer	Position	Full Time / Part Time	Casual / Permanent	Hours/week

22. If you are not currently employed, are you linked in with an employment agency or Job Network Provider?  Yes give details of the linked employment agency / Job Network Provider  No → go to Q23



28. Do you agree to being referred for support if your situation has not improved after 6 months?

 Yes No

### FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000.

### Notice and Declarations

Under the *Housing Act 2001* a fine of up to \$2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who willfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by social housing providers or prosecuted.

**Notice:** Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

### Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Title

Last name or family name

First and middle name(s)

Signature

Date

Is there another person helping you to fill out this form?

 Yes  
that person should read and sign the declaration below No

### Declaration from the person assisting or completing this application on behalf of the applicant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title

Last name or family name

First and middle name(s)

Signature

Date

Phone

# Income Confirmation Scheme Consent Authority

If you or anyone on this application wish to participate in the Centrelink Income Confirmation Scheme please complete the consent form below.

This consent will be used for the sole purpose of authorising Centrelink to provide information to FACS Housing to assess your eligibility for our services. If you do not allow Centrelink to provide your information to us electronically, you will need to obtain this information from Centrelink yourself and provide it to us.

**Please read and sign the consent and the declaration below:**

- I authorise FACS Housing to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink Customer details in order to determine if I qualify for a FACS Housing service.
- I authorise Centrelink to provide the results of that enquiry to FACS Housing.
- I understand that Centrelink will disclose my personal information including my name, address, payment type, payment status, income, assets, one-off payments, deductions and shared care arrangements to FACS Housing who will use this information to confirm my eligibility for FACS Housing services.
- I understand that this consent, once signed, remains valid while I am a customer of FACS Housing unless I withdraw it by contacting FACS Housing or Centrelink.
- I understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for services provided by FACS Housing.

Family name	Given name(s)	Date of birth	Centrelink Customer Reference Number	Signature	Date
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY

More information about the Centrelink Confirmation eServices is available from a Centrelink office or on Centrelink’s website at [www.humanservices.gov.au](http://www.humanservices.gov.au).

**Important:**

**Please ensure that you advise FACS Housing in writing within 28 days of any changes to the occupants of the household, or any changes to the income or assets of any person in the household.**

**This is required even if you have given Income Confirmation Scheme consent, or told Centrelink.**

**Interpreting Services**

If you need help with interpreting or translation because English is not your first language, phone the *All Graduates Interpreting and Translating Service* on 1300 652 488. They will phone the social housing provider and interpret for you for free.