



## Application for Housing Assistance

Use this form to apply for housing assistance in New South Wales

### About housing assistance in NSW

Housing assistance includes:

- social housing (including public housing, Aboriginal housing and community housing)
- help with setting up and/or maintaining a tenancy in the private market
- temporary accommodation if you are homeless

Housing assistance in NSW is provided by the Department of Communities and Justice (DCJ) and community housing providers, including Aboriginal community housing providers. Most social housing providers participate in Housing Pathways.

### What is Housing Pathways?

Housing Pathways is the way applications for housing assistance are processed in NSW. You only have to fill in the application form once and you can apply through any Housing Pathways provider across NSW. For a full list of Housing Pathways providers, go to [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

### How do I apply for housing assistance?

Use this form to apply for all types of housing assistance. You can also use this form if you are a tenant of a Housing Pathways provider and you want to apply for a transfer or other housing assistance.

### How to fill in this form

To fill in this form:

1. read each question carefully
2. answer all the questions
3. print your answers, using a black or blue pen
4. if you need more space, please write on a blank page and attach it to the application
5. provide all relevant documents that support your application.

The questions that we need evidence for are marked on the form with . Information about the type of evidence we need is in the *Evidence Requirements Information Sheet*. If you did not receive an *Evidence Requirements Information Sheet* with this application, please ask for one from your nearest Housing Pathways provider, or download it from [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

**Please note:** your application will only be accepted for assessment provided minimum requirements are met. Please refer to the Eligibility for Social Housing Policy at <https://www.facs.nsw.gov.au/housing/policies/eligibility-social-housing-policy> for full requirements.

### Help to fill in this form

If you need help to fill in this form, if you need an interpreter or if the reasons you are seeking assistance are too sensitive to write down, ask a staff member to help you. If there is one available, you can ask to see a male or female officer, and/or you can also ask for an Aboriginal officer.

### Where do I lodge this form?

You can lodge this form with any Housing Pathways provider across NSW, either in person or by mail. For a list of their contact details, go to [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

### What happens next?

Your application will be assessed and you will be notified of the outcome in writing. You may be contacted if further information about your application is needed.

### What if I am homeless?

If you have nowhere safe to stay tonight contact the Link2home service (freecall) 1800 152 152 for assistance with overnight accommodation or visit a Housing Pathways provider.

### For more information

For more information about applying for housing assistance and whether you are eligible, see the DCJ website at [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au) or phone 1800 422 322, 24 hours a day, 7 days a week.

It is illegal for anyone working for DCJ or a community housing provider to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs. It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to anyone who works for DCJ or a community housing provider for helping you. If you have any information regarding possible corrupt conduct you can report it by calling 1800 422 322.

# Acknowledgement of receipt of application

Receipt of *Application for Housing Assistance* from this person is hereby acknowledged

Title  
Mr, Mrs, Ms, Miss, Mx

Last name  
or family name

First and  
middle name(s)

Unit/House  
number

Street/Avenue

Town/Suburb

Postcode

## Receipt details

Office

Receiving office Admin Unit

Name of receiving officer

Signature of receiving officer

Phone

Date

## Office date stamp

## Application Method

APPL - Application

TEL - Telephone

INPERSON - Assessed face to face / personal contact

COUNTER—Received at front counter

Is this application to be recalled?

Yes

Note: If this application is to be recalled, the Housing Contact Centre will send this application back to the receiving office after registering in HOMES

## Application for Housing Assistance

Please use BLOCK LETTERS and print in black or blue pen only. Please mark all relevant boxes with a . If you need more space, please write on a blank page and attach it to the application.

### Personal details of main applicant

1. **Your name** Title

Mr, Mrs, Ms, Miss

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)

2. **Do you need an interpreter?**  Yes give details  No — Go to 3.

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

3. **Are you known by another name?**  Yes give details  No — Go to 4.

(for example, previous family name) What name?

Family Name	First Name
-------------	------------

4. **What is your Centrelink Reference Number?** (if applicable)

5. **Sex**  Male  Female  Other

6. **Date of birth**

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

7. **Residential address** Unit/House number

Attach proof of NSW residency or why you need to live in NSW. See item 2 on the *Evidence Requirements Information Sheet* for details. Street/Avenue

Town/Suburb  Postcode

7a. **Are you staying at the above address?**  Yes  No

8. **Contact details** Phone  Mobile

**Note:** Housing Pathways providers may use any of the contact details you provide. Email

<b>OFFICE USE ONLY</b>	T File number <input type="text"/>	Client reference number <input type="text"/>	Application reference number <input type="text"/>
------------------------	------------------------------------	--	---

**8a. Is your mailing/contact address the same as your residential address?**  Yes — Go to 8b.  No give details

Unit/House number

Street/Avenue

Town/Suburb  Postcode


**8b. Who should we contact about your application?**  Contact me directly  Contact a third party (for example, a support worker, advocate, friend or relative)

 You will need to complete the *General Consent to Exchange Information & Authority to Act on Client's Behalf* form which can be downloaded from [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

**9. In what country were you born?**


**10. Are you of Aboriginal or Torres Strait Islander descent?**  Yes give details  No — Go to 11.

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander


 **Note:** Aboriginality will need to be confirmed if you wish to access specific Aboriginal services.  
See item 3 on the *Evidence Requirements Information Sheet* for details.

**11. What is the main language you speak at home?**  English  Other —  give details

**12. What is your current citizenship?**  Australian citizen (Australian born or obtained citizenship) — Go to 14.  Other — Go to 13.

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

**13. What is your current residency status/visa category?**  Permanent resident  Sponsored migrant  New Zealand Special Category Visa  Refugee/humanitarian  Asylum seeker

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

Visa subclass number (if not relevant, write 'not applicable')

Date of arrival in Australia

**14. Do you or anyone on this application currently live in a social housing property?**  Yes  No — Go to 15.

**Note:** Social housing properties include public housing, Aboriginal housing and community housing.

Name

**14a. If it is a community housing or Aboriginal housing property, what is the name of the provider that manages this property?**

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

Yes

No — Go to 16.

name of person who used to live in a social housing property



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.

Name

Family Name

First Name

**15a. Address of the property**

Unit/House number

Street/Avenue

Town/Suburb

Postcode

**15b. If it was a community housing or Aboriginal housing property, what is the name of the provider that managed that property?**

**Income and assets of main applicant**

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

Yes

No — Go to 17.

give details



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

Address of the property or land

**17. What is your income before tax?**

You are required to list each type of income you receive.

**Note:** Income includes pension payments (including overseas pension), allowances, child support payments, wages, casual earnings, income from self-employment, regular insurance payments, interest from the bank, interest from investments, income from property ownership, etc.

If you receive a Centrelink benefit, include your details on the Income Confirmation Scheme (ICS) Consent Authority on page 16 of this form or on a separate community housing income confirmation form. By signing this ICS Authority you give permission for DCJ to contact Centrelink to check your income and you will not need to provide any further evidence of your Centrelink payment.



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	\$

**17a. 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
	\$
	\$
	\$
	\$

**18. Do you make regular child support payments?**

Yes give details  No → Go to 19.



Attach proof. See item 10 on the *Evidence Requirements Information Sheet* for details.

How do you pay?	How often do you pay?	How much do you pay?
<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$

**19. Do you have ongoing expenses due to a disability, medical condition or permanent injury?**

Yes give details  No → Go to 20.



Attach proof. See item 11 on the *Evidence Requirements Information Sheet* for details.

What is it for?	How often do you pay?	How much do you pay? (approximately)
		\$
		\$
		\$
		\$

**Your household**

**20. Will there be other people living with you?**

Yes  No → Go to 20a.

**Note:** If there will be other people living with you, please include their details in the Additional Person Information section of this form when you get to it. For an expected baby, you only need to provide the details in question 20a.

Yes write the number of people who will be living with you (including an expected baby)

**20a. Is anyone on this application expecting a baby?**

Yes give the due date  No → Go to 21.



Attach documents that support your answer. See item 12 on the *Evidence Requirements Information Sheet* for details.

**21. Is anyone on this application an employee of a social housing provider?**

Yes give details  No → Go to 22.

**Note:** This includes all employees of DCJ or community housing providers in NSW.

Name of person

Name of social housing provider

## Current circumstances

22. Are you homeless at the moment, such as living on the streets, in a squat or in a car?

Yes  
give details

No — Go to 23.

If yes, how long have you been homeless?

How many times have you been homeless in the past five years?

23. Do you have somewhere safe to stay tonight?

Yes  
give details

No — Go to 24.

If yes, how long can you stay there?

24. Are you seeking housing assistance because you need to leave the place you are staying and you have nowhere else to live?

Yes

No — Go to 25.

Mark one box below that best describes your situation.

You are living in crisis, emergency or temporary accommodation (for example a refuge or a motel)

You are staying with friends or family, but they cannot provide you with longer term accommodation

You are living in a boarding house or caravan park on a short term basis, or you are leaving a boarding house or caravan park because it is closing.

You have received a Notice of Termination or a Warrant of Possession

You are leaving a hospital

You are leaving a mental health facility

You are leaving a disability support facility

You are leaving a rehabilitation facility

You are being released from a juvenile detention centre

You are being released from a gaol/correctional centre

You are under a community-based order (probation and parole)

You are leaving state care

You are experiencing mortgage stress (property owners only)

Other  
give details


24a. When will you be leaving the place you are staying (if known)?

**25. Is your current accommodation unsuitable, unhealthy or unsafe?**

Yes  No — Go to 26.



Attach documents that support your answer. See item 14 on the *Evidence Requirements Information Sheet* for details.

Mark all the situation(s) which best describes why you think your accommodation is unsuitable, unhealthy or unsafe.

- It is substandard, dangerous or unhealthy
- Without essential facilities (for example no water, electricity, bathroom or kitchen)
- Accommodation aggravates a severe ongoing medical condition or disability
- It is unsafe or unstable for taking a child out of care
- It is severely crowded (for example, an adult or couple are sharing a bedroom with a person aged over three years or there are more than three children sharing a bedroom or there are more than two unrelated adults sharing a bedroom)
- Immediate family members are forced to live apart
- A member of your household is leaving care or a custodial setting (including a juvenile detention centre, gaol or community-based order)
- Family breakdown
- Other  
give details

**26. Are you seeking housing assistance because of violence or risk of harm?**

Yes  No — Go to 27.  
mark all that apply



**Note:** It is important to include the details of any child associated with your application who may be at risk. A child can be seen to be at risk due to homelessness, violence, neglect, physical abuse or there may be risk of removal to out-of-home care.

Attach documents that support your answer. See item 15 on the *Evidence Requirements Information Sheet* for details.

- Domestic violence/family violence
- A child in your care is at risk
- Threats, violence and/or harassment from another person

**27. Do you or anyone on this application have a disability or ongoing medical condition?**

Yes  No — Go to 28.



Attach proof. See item 16 on the *Evidence Requirements Information Sheet* for details.

Mark all that apply and write the name of the person(s) with the disability or medical condition.

Disability or medical condition	Name of the person(s) with the disability or medical condition			
Acquired brain injury	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Family Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name			
Intellectual disability	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Family Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name			
Mental illness and/or disorder	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Family Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name			
Post Traumatic Stress Disorder	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Family Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name			
Visually impaired	<input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Family Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> </table>	Family Name	First Name
Family Name	First Name			

Question 27 continues on the next page



**Disability or medical condition****Name of the person(s) with the disability or medical condition**

Alcohol and other drug use	<input type="checkbox"/>	Family Name	First Name
Kidney failure	<input type="checkbox"/>	Family Name	First Name
Wheelchair user	<input type="checkbox"/>	Family Name	First Name
Physical disability	<input type="checkbox"/>	Family Name	First Name
Hearing impairment	<input type="checkbox"/>	Family Name	First Name
Physical illness	<input type="checkbox"/>	Family Name	First Name
Chronic/terminal illness	<input type="checkbox"/>	Family Name	First Name
HIV/AIDS	<input type="checkbox"/>	Family Name	First Name
Mobility impairment	<input type="checkbox"/>	Family Name	First Name
Experience of torture and trauma	<input type="checkbox"/>	Family Name	First Name
Other	<input type="checkbox"/>	Medical condition	
		Family Name	First Name

**28. Do you or anyone on this application require access to a specific service or school because of a medical condition or disability?**Yes  
give details

No — Go to 29.



Attach documents that support your answer. See item 17 on the *Evidence Requirements Information Sheet* for details.

Name of person requiring access to the school or service

Which school/service?

Family Name	First Name
-------------	------------

For what reason?

For how long will it be required?

**29. Do you or anyone on this application receive ongoing support from an organisation, program or a person?**Yes  
give details

No — Go to 30.

NDIS

HASI

Carer

Other



Attach proof, or give your consent for information to be exchanged with your support provider. See item 18 on the *Evidence Requirements Information Sheet* for details.

Name of person receiving support

Family Name	First Name
-------------	------------

Name of organisation or program providing support (if relevant)

Name of support worker or person

Family Name	First Name
-------------	------------

Contact phone number

Email



### 32. DCJ Privacy Notice

This privacy notice applies to the Department of Communities and Justice (DCJ) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. DCJ 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 DCJ 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 DCJ as a whole to plan, coordinate and improve the way we provide services. DCJ 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.dcj.nsw.gov.au/site\\_information/privacy](http://www.dcj.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 wilfully 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. DCJ 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 and agree that DCJ may collect information from my former social housing landlord or their agent, including information about any debt.
- I consent to the personal and medical information I have provided in this application, and which is stored in DCJ' records, being shared with other social housing providers so that appropriate services can be identified and delivered.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

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

Yes  No  
that person should read and sign the declaration below

### 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	<input type="text"/>
Mr, Mrs, Ms, Miss, Mx	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>
Phone	<input type="text"/>

### PLEASE NOTE

If other people are going to be living with you, enter their details in the Additional Person Information section on page 10 of this form. You will also need to get each additional person aged 16 years and over to sign the consent on page 15.

# Additional Person Information

This section is to be completed by the main applicant. Please include the details of each person to be housed with you.

Questions that we need evidence for are marked with . See the *Evidence Requirements Information Sheet* for details. If you need more space, please write on a blank page and attach it to the application.

## A1. Personal details of additional person

### Person 1



See item 1 on the *Evidence Requirements Information Sheet* for details.

Title   
Mr, Mrs, Ms, Miss, Mx  
Last name or family name   
First and middle name(s)

### Is this person known by another name?

(for example, previous family name)

Yes give details       No

What name?

Relationship to you

Centrelink Reference Number (if applicable)

Sex  Male       Female       Other

Date of birth

### Does this person have a different residential address from you?

Yes address of person       No

Phone  Mobile

Email

### Is this person of Aboriginal or Torres Strait Islander descent?



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

Yes give details       No  
 Aboriginal       Torres Strait Islander       Aboriginal and Torres Strait Islander

### What is this person's current citizenship or residency status?



See items 4 and 5 on the *Evidence Requirements Information Sheet* for details.

Australian citizen       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 (if applicable)

**Person 2**



See item 1 on the *Evidence Requirements Information Sheet* for details.

Title  Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

**Is this person known by another name?**  
(for example, previous family name)

Yes give details  No

What name?  Family Name  First Name

Relationship to you

Centrelink Reference Number (if applicable)

Sex  Male  Female  Other

Date of birth  DD/MM/YYYY

**Does this person have a different residential address from you?**

Yes address of person  No

Phone  Mobile

Email

**Is this person of Aboriginal or Torres Strait Islander descent?**

Yes give details  No

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander



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

**What is this person's current citizenship or residency status?**

Australian citizen  Permanent resident  Sponsored migrant

New Zealand Special Category Visa  Refugee/humanitarian  Asylum seeker



See items 4 and 5 on the *Evidence Requirements Information Sheet* for details.

Visa subclass number (if not relevant, write 'not applicable')

Date of arrival in Australia (if applicable)  DD/MM/YYYY

**Person 3**



See item 1 on the *Evidence Requirements Information Sheet* for details.

Title  Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

**Is this person known by another name?**  
(for example, previous family name)

Yes give details  No

What name?  Family Name  First Name

Relationship to you

Centrelink Reference Number (if applicable)

Sex  Male  Female  Other

Date of birth  DD/MM/YYYY

**Does this person have a different residential address from you?**

Yes address of person  No

Phone  Mobile

Email

**Is this person of Aboriginal or Torres Strait Islander descent?**

Yes give details  No

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander



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

**What is this person's current citizenship or residency status?**

Australian citizen  Permanent resident  Sponsored migrant

New Zealand Special Category Visa  Refugee/humanitarian  Asylum seeker



See items 4 and 5 on the *Evidence Requirements Information Sheet* for details.

Visa subclass number (if not relevant, write 'not applicable')

Date of arrival in Australia (if applicable)  DD/MM/YYYY

**Person 4**



See item 1 on the *Evidence Requirements Information Sheet* for details.

Title  Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

**Is this person known by another name?**  
(for example, previous family name)

Yes give details  No

What name?  Family Name  First Name

Relationship to you

Centrelink Reference Number (if applicable)

Sex  Male  Female  Other

Date of birth  DD/MM/YYYY

**Does this person have a different residential address from you?**

Yes address of person  No

Phone  Mobile

Email

**Is this person of Aboriginal or Torres Strait Islander descent?**

Yes give details  No

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander



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

**What is this person's current citizenship or residency status?**

Australian citizen  Permanent resident  Sponsored migrant

New Zealand Special Category Visa  Refugee/humanitarian  Asylum seeker



See items 4 and 5 on the *Evidence Requirements Information Sheet* for details.

Visa subclass number (if not relevant, write 'not applicable')

Date of arrival in Australia (if applicable)  DD/MM/YYYY

**PLEASE NOTE**

If there are more than four additional people on your application, ask for a copy of the *Additional Person Information* form or download it from [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au).

**A2. Do any additional persons own (or part own) any residential or commercial property or land (including any property overseas)?**

Yes  
give details

No — Go to A3.

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

Name of additional person	Address of the property or land

**A3. List the income of each additional person aged 18 years and over.**

You are required to list each type of income received by each person. If your partner is under 18 years of age, list their income.

**Note:** Income includes pension payments (including overseas pension), allowances, child support payments, wages, casual earnings, income from self-employment, regular insurance payments, interest from the bank, interest from investments, income from property ownership, etc.

If any of the additional persons receives a Centrelink benefit, they can include their details on the Income Confirmation Scheme (ICS) Consent Authority on page 16 of this form or on a separate community housing income confirmation form. By signing the ICS Authority, they give permission for DCJ to contact Centrelink to check their income and they will not need to provide any further evidence of their Centrelink payment.

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

Name of additional person	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	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

**A3a. List the savings/financial assets of each additional person aged 18 years and over.**

You are required to list each type of financial asset owned by each person. If your partner is under 18 years of age, list their assets.

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

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

Name of additional person	Type of financial asset	Value of asset
		\$
		\$
		\$
		\$
		\$
		\$



**A4. Do any additional persons make regular child support payments?**

Yes  
give details

No — Go to A5.

See item 10 on the *Evidence Requirements Information Sheet* for details.

Name of additional person	How do they pay?	How often do they pay?	How much do they pay?
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$
	<input type="checkbox"/> Through a government agency <input type="checkbox"/> Directly to the person		\$

**A5. Do any additional persons have ongoing expenses due to a disability, medical condition or permanent injury?**

Yes  
give details

No — Go to A6.

See item 11 on the *Evidence Requirements Information Sheet* for details.

Name of additional person	What is it for?	How often do they pay?	How much do they pay? (approximately)
			\$
			\$
			\$
			\$
			\$
			\$

**A6. Consent of additional person**

Each additional person on the application AGED 16 YEARS AND OVER must provide their written permission for their personal information to be collected by the main applicant.

To do this, they need to read the statement below and sign and date this form.

I give my permission for:

- my personal information on this form to be collected by the main applicant.
- the proper use of my personal information by social housing providers in order to process this application.

Name of additional person	Signature of additional person	Date
		DD/MM/YYYY
		DD/MM/YYYY
		DD/MM/YYYY
		DD/MM/YYYY

# 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 DCJ 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 DCJ Housing to use Centrelink Confirmation eServices to perform an enquiry of my Centrelink Customer details in order to determine if I qualify for a DCJ Housing service.
- I authorise Centrelink to provide the results of that enquiry to DCJ 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 DCJ Housing who will use this information to confirm my eligibility for DCJ Housing services.
- I understand that this consent, once signed, remains valid while I am a customer of DCJ Housing unless I withdraw it by contacting DCJ Housing or Centrelink.

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 DCJ 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 Housing Pathways provider and interpret for you for free.