

Application for Bond Extra

Use this form to apply for help to get a tenancy in the private rental market

What is this form about?


This form is an application for Bond Extra. It asks questions about why you need help to get a tenancy in the private rental market

Your application will be assessed on the information you give on these forms and at an interview, if you have one.

How to fill in this form

Before you fill in this form, you should speak to your local housing office about eligibility for Bond Extra assistance.

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 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.facs.nsw.gov.au.

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 social housing provider across NSW, either in person or by mail. For a list of their contact details, go to www.facs.nsw.gov.au.

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 social housing provider.

For more information

For more information about applying for social housing assistance and whether you are eligible, please view the online information at www.facs.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 *Tenancy Assistance Application* from this person is hereby acknowledged

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"/>		
Unit/House number	<input type="text"/>		
Street/Avenue	<input type="text"/>		
Town/Suburb	<input type="text"/>	Postcode	<input type="text"/>

Receipt details

Office	<input type="text"/>
Receiving office Admin Unit	<input type="text"/>
Name of receiving officer	<input type="text"/>
Signature of receiving officer	<input type="text"/>
Phone	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

Office date stamp

Application Method

- APPL - Application
- INPERSON - Assessed face to face / personal contact
- COUNTER—Received at front counter

OFFICE
USE
ONLY

T File number

Client reference number

Application reference number

Application for Bond Extra

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, Mx

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?

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

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.

9. In what country were you born?

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


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.

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 of person who currently lives in a social housing property

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 17 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.

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

 Attach documents that support your answer. See item 13 on the *Evidence Requirements Information Sheet* for 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.

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%;">Family Name</td> <td style="width: 50%;">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%;">Family Name</td> <td style="width: 50%;">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%;">Family Name</td> <td style="width: 50%;">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%;">Family Name</td> <td style="width: 50%;">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%;">Family Name</td> <td style="width: 50%;">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 <input type="text"/> First Name <input type="text"/>
Kidney failure	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Wheelchair user	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Physical disability	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Hearing impairment	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Physical illness	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Chronic/terminal illness	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
HIV/AIDS	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Mobility impairment	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Experience of torture and trauma	<input type="checkbox"/>	Family Name <input type="text"/> First Name <input type="text"/>
Other	<input type="checkbox"/>	Medical condition <input type="text"/>
		Family Name <input type="text"/> First Name <input type="text"/>

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.



Note: If you have already provided these details in response to question 8b you do not need to repeat them here.

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.

NDIS

HASI

Carer

Other

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

30. Do you or anyone on this application have a financial management order?

Yes
give details

No → Go to 30a.

Note:
The Housing
Pathways provider
may obtain a copy of
the order from the
organisation.

Name of person
with a financial
management order

Name of
organisation

Contact phone
number

Family Name First Name

30a. Do you or anyone on this application have a guardian (public or private)?

Yes
give details

No → Go to 31.



Attach proof.
See item 19 on the
*Evidence Requirements
Information Sheet*
for details.

Name of person
who has a guardian

Name of organisation or
person who is the guardian

Contact phone
number

Family Name First Name

31. Do you or anyone else on this application have any other special circumstances you would like considered as part of your assessment?

Yes
give details

No → Go to 32.

Note: This could include being a Stolen
Generations Survivor, being approved for the
National Redress Scheme or being approved for
a civil compensation payment in relation to
institutional child sexual abuse.

Attach proof.
See item 22 on the *Evidence Requirements
Information Sheet* for details.

Multiple horizontal lines for providing details of special circumstances.

G1. Who referred you for a Bond Extra assessment?

Mark only one

You (self referral)

DCJ Housing

Community Housing provider (give details)

Name of community housing provider

A support service/landlord (give details)

Name of the service or landlord

G2. Do you need help with rental bond?

Yes

No

G3. Have you had a Tenancy Guarantee or Bond Extra before?

Yes
give details

No — go to Q G4

Name

Contact phone number

G4. Have you been listed on a tenant database (e.g. TICA)?

Yes
give details

No
— go to Q G5

Don't know
— go to Q G5

Are you addressing this issue?

Yes

No

Which real estate agency listed you?

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 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"/>

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 11 of this form. You will also need to get each additional person aged 16 years and over to sign the consent on page 17.


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?

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

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

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

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

Australian citizen Permanent resident Sponsored migrant

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

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)

DD/MM/YYYY

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

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

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.

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.

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.

Interpreting Services

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

Arabic

إذا كنت بحاجة إلى مساعدة في الترجمة الشفهية أو الخطية لأن اللغة الإنكليزية ليست لغتك الأم فالرجاء الاتصال بـ All Graduates لخدمة الترجمة الخطية والشفهية على الرقم 1300 652 488. لكي تتصل هذه الخدمة بهيئة الإسكان وتؤمن لك مترجماً على الخط مجاناً.

Bosnian

Ako vam je potrebna pomoć prevodioca jer vam engleski nije maternji jezik, nazovite All Graduates Službu prevodilaca i tumača na 1300 652 488. Oni će nazvati stambenu organizaciju i besplatno vam prevoditi.

Chinese

如果英語不是您的第一語言，因而您需要傳譯或翻譯，那麼請致電 1300 652 488 跟 All Graduates 翻譯及傳譯服務機構聯絡。他們會免費幫您打電話給房屋組織並且為您傳譯。

Croatian

Ako trebate pomoć tumača ili prevoditelja jer Vam engleski nije materinji jezik, nazovite All Graduates Službu prevoditelja i tumača na 1300 652 488. Oni će nazvati stambenu organizaciju i besplatno tumačiti za Vas.

Filipino

Kung kailangan niyo ng tulong sa pag-iinterpretar o pagsasalin-wika dahil ang Ingles ay hindi niyo unang wika, tumawag po sa Serbisyo ng Pagsasalin-wika at Pag-iinterpretar ng All Graduates sa 1300 652 488. Sila po ay tatawag sa samahan ng pabahay at mag-iinterpretar sila para sa iyo nang walang bayad.

Farsi

اگر بخاطر اینکه زبان مادری شما انگلیسی نیست به ترجمه شفاهی یا کتبی نیاز دارید به سرویس ترجمه کتبی و شفاهی All Graduates شماره 1300 652 488 تلفن کنید. آنها به اداره مسکن تلفن زده و به رایگان برای شما ترجمه خواهند کرد.

Greek

Αν χρειάζεστε βοήθεια με διερμηνεία ή μετάφραση γιατί τα Αγγλικά δεν είναι η πρώτη σας γλώσσα, τηλεφωνήστε στην Υπηρεσία Μεταφραστών και Διερμηνέων All Graduates στο 1300 652 488. Αυτοί θα τηλεφωνήσουν στον οργανισμό στέγασης και θα διερμηνεύσουν για εσάς δωρεάν.

Italian

Se ti serve un interprete o una traduzione perché l'inglese non è la tua prima lingua, chiama il servizio traduzioni e interpreti All Graduates al numero 1300 652 488. Questo servizio telefonerà all'ente competente per gli alloggi e ti offrirà un servizio interpreti a titolo gratuito.

Khmer

ប្រសិនបើលោកអ្នកត្រូវការជំនួយផ្នែកបកប្រែភាសាសិយាយ ឬសរសេរ ដោយព្រោះតែភាសាអង់គ្លេស ពុំមែនជាភាសាទី១របស់លោកអ្នក សូមទូរស័ព្ទ

ទៅលេខបញ្ជីបកប្រែសរសេរ និងសិយាយសរសេរ All Graduates លេខ 1300 652 488 ពេលនោះ

គេនឹងទូរស័ព្ទទៅអង្គការផ្តល់ទីលំនៅ

ហើយបកប្រែជូនលោកអ្នកដោយឥតគិតថ្លៃ។

Korean

영어가 모국어가 아니기 때문에 통역 혹은 번역 도움이 필요하실 경우

All Graduates 통번역 서비스에

1300 652 488로 전화하십시오. 이들이

주택 기관에 전화하여 귀하를 위해

무료로 통역해 드릴 것입니다.

Lao

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອດ້ານແປພາສາ ຫຼື ແປເອກະສານເນື່ອງຈາກວ່າພາສາອັງກິດບໍ່ແມ່ນ ພາສາຫຼັກຂອງທ່ານ, ຈົ່ງໂທລະສັບຫາບໍລິການ ການແປເອກະສານແລະນາຍພາສາ All Graduates ຕາມພາຍເລກ 1300 652 488. ພວກເຂົາຈະໂທລະສັບຫາອົງການເຄຫະສະຖານ ແລະ ຈະແປພາສາໃຫ້ທ່ານໂດຍບໍ່ຄິດຄ່າໃດໆ.

Macedonian

Ако ви треба помош околу усмено или писмено преведување бидејќи англискиот не е вашиот прв јазик, телефонирајте во Службата за писмено и усмено преведување, All Graduates, на 1300 652 488. Тие ќе се јават во организацијата за сместување во стан/куќа и бесплатно ќе ви преведуваат.

Polish

Jeśli potrzebujesz pomocy z tłumaczeniem ustnym lub pisemnym, ponieważ angielski nie jest twoim pierwszym językiem, zadzwoń do Służby Tłumaczeń All Graduates pod numer 1300 652 488. Połączą cię tam z organizacją mieszkaniową i tłumaczem, który pomoże ci się bezpłatnie porozumieć.

Russian

Если вам нужна помощь с устным или письменным переводом, поскольку английский не является вашим первым языком, звоните в Переводческую службу All Graduates по тел. 1300 652 488. Она позвонит в жилищную организацию и обеспечит вам бесплатный устный перевод.

Samoan

Afai e te manaomia se fesoasoani i le faaliliuina po o le faamatalaina ona o le gagana Faaperetania e le o lau gagana muamua lea, telefoni i le Auaunaga o Faaliliuupu ma Faamataupu a le All Graduates i le 1300 652 488. O le a latou telefoni i le faalapotopotoga o fale ma faamatalaupupu mo oe e sa'oloto e aunoa ma se togoti.

Serbian

Ako vam je potrebna pomoć sa tumačenjem ili prevođenjem zbog toga što engleski nije vaš materinji jezik, nazovite All Graduates prevodilacku i tumačku službu na 1300 652 488. Oni će nazvati stambenu organizaciju i za vas besplatno tumačiti.

Spanish

Si necesita ayuda de interpretación o traducción porque el inglés no es su primer idioma, llame al Servicio de Interpretación y Traducción All Graduates al 1300 652 488. De allí llamarán a la organización de la vivienda y le interpretarán en forma gratuita.

Turkish

İngilizce anadiliniz olmadığınız için sözlü veya yazılı tercümede yardıma ihtiyacınız varsa, 1300 652 488 numaralı telefondan All Graduates Yazılı ve Sözlü Tercüme Servisi'ni arayın. Konut kuruluşuna telefon edip sizin için ücretsiz tercümanlık yapacaklardır.

Vietnamese

Nếu cần người thông dịch hoặc phiên dịch vì tiếng Anh không phải là ngôn ngữ chính của mình, quý vị hãy gọi đến Dịch vụ Thông Phiên dịch All Graduates qua số 1300 652 488. Họ sẽ điện thoại đến cơ quan gia cư và giúp thông dịch cho quý vị miễn phí.