


Request to Reactivate an Application for Social Housing

Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with a . If you need more room to answer any section, please include details on a separate page and attach it to this form. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week. Questions that we need evidence for are marked with .

T File number

Client reference number

Application reference number

Applicant details

Title
Mr, Mrs, Ms, Miss

Last name
or family name

First and middle name(s)

Date of birth

Unit/House number

Street/Avenue

Town/Suburb

Postcode

1. Contact details

Note: Social housing providers may use any of the contact details you provide.

Phone

Mobile

Email

1a. Is your mailing/contact address the same as your residential address?

Yes → Go to 1b.

No
give details

Unit/House
number

Street/Avenue

Town/Suburb

Postcode

1b. 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.housingpathways.nsw.gov.au.

2. Your application was closed in error due to:



Attach proof. See Part B, item 1 of this form for details.

Your correspondence was not sent to the contact address you provided

Your correspondence was not delivered by Australia Post

Your application was closed without contact with your appointed guardian or financial manager
e.g. NSW Trustee & Guardian or NSW Public Guardian

If Yes
↓
give details

No → Go to 3.

3. Your household income was over the social housing eligibility limits at a point in time, but did not exceed the eligibility limits for more than 12 months.



You will need to provide proof of income for your household over the 12 month period. See item 8 on the *Evidence Requirements Information Sheet* for details.

Yes
↓
give details

No → Go to 4.

4. There was no response to contact as you were admitted into hospital, respite care, a disability support or rehabilitation facility or other institution.



Attach proof. See Part B, item 2 of this form for details.

Yes
↓
give details

No → Go to 5.

5. There was no response to contact as you were homeless and you were unable to access your mail during the 28 day period.



Attach proof. See Part B, item 3 of this form for details.

Yes
↓
give details

No → Go to 6.

6. There was no response to contact as you were unable to access your mail during the 28 day period because you were escaping violence or risk of harm.



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

Yes
↓
give details

No → Go to 7.

7. There was no response to contact as you were away for 28 days or more due to family bereavement or family care.



Attach proof. See Part B, item 4 of this form for details.

Yes
↓
give details

No → Go to 8.

8. There was no response to contact as you were in custody at the time contact was attempted.



Attach proof. See Part B, item 5 of this form for details.

Yes
↓
give details

No → Go to 9.

9. 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 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. 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 and agree that FACS 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 FACS' 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	
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"/>

10. 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	
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"/>

Part B - Evidence Requirements to reactivate an application

You must provide evidence to support your request to re-open your application for Social Housing. Applications will be assessed on the evidence provided. For further information regarding eligibility for reactivating a closed application for social housing, refer to the Housing Pathways website at: www.housingpathways.nsw.gov.au

- 1. Your application was closed in error due to:**
- Your correspondence was not sent to the contact address you provided
 - Your correspondence was not delivered by Australia Post
 - Your application was closed without contact with the relevant financial manager, guardian or support provider

Provide any from this list that are relevant:

- Provide information that confirms your application was closed in error, for example, copies of correspondence, papers setting out legally appointed guardian or financial manager arrangements
 - Provide advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed private financial manager
 - Housing Pathways client and computer records
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- 2. No response to contact as you were admitted into hospital, respite care, a disability support facility or rehabilitation facility or other institution.**

Provide one from this list that is relevant:

- Letter from the medical facility, medical practitioner or health professional, including a specialist, psychiatrist or counsellor, community nurse, occupational therapist or physiotherapist, or social worker, confirming the date of admission and date of discharge
 - Letter from support agencies such as Home & Community Care Program, Home Nursing Service, Age Care Assessment Team or NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
 - Letter from your employer confirming the dates you were absent from work due to your stay in a medical facility due to illness/incapacity
 - Advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed private financial manager
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- 3. No response to contact as you were homeless and you were unable to access your mail during the 28 day period.**

Provide one from this list that is relevant:

- Confirmation from Community Services division within the Department of Family and Community Services
 - Notice of Termination or Warrant of Possession
 - Confirmation from Aboriginal community elders or from an Aboriginal support service
 - Supporting documents from a refuge, crisis or emergency or other supported accommodation provider
 - Letter from a juvenile detention centre, gaol or Probation and Parole
 - Confirmation from a homeless persons support service
 - Letter from support service or advocate
 - Advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed financial manager
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4. No response to contact as you were away for 28 days or more due to family bereavement or family care.

Provide any from this list that are relevant to family bereavement:

- Death certificate or death notice
- Invoices showing funeral expenses
- Letter from a health professional, support worker or advocate(s) or member of the clergy confirming the passing of a family member
- Confirmation from Aboriginal community elders or from an Aboriginal support service
- Statutory declaration from a family member confirming the passing of a family member
- Advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed financial manager

Provide any from this list that are relevant to family care:

- Letter from a health professional or support worker confirming the period you were absent to provide care for a relative
 - Statutory declaration detailing the period of care from the family member for whom you provided the care
 - Statutory declaration from another family member or friend confirming the period you were absent to provide family care for a relative
 - Advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed private financial manager
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5. No response to contact as you were in custody at the time contact was attempted.

Provide one from this list that is relevant:

- Letter from a juvenile detention centre, gaol or probation and parole confirming the date of reception and release date
 - Letter from a Centrelink social worker confirming that you were in custody during the time contact was made
 - Advice from the NSW Trustee and Guardian as the appointed financial manager, NSW Public Guardian, a legally appointed private guardian or a legally appointed private financial manager
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