This form is to be completed by an applicant/tenant of social housing to make a statement. This statement MUST be witnessed by an officer of a social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a $\checkmark$ If you need more room for your statement, please include details on a separate page and attach it to this form.

<table>
<thead>
<tr>
<th>I, the undersigned (provide full details)</th>
<th>Client reference number</th>
<th>T-File number</th>
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<tbody>
<tr>
<td>Title</td>
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<td>Mr, Mrs, Ms, Miss</td>
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<td>Last name or family name</td>
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Do hereby state
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.

Consent to use information statement at the NSW Civil and Administrative Tribunal (NCAT)
To the best of my knowledge this statement made by me accurately sets out the evidence, which I would be prepared, if necessary, to give in the NCAT as a witness.

☐ Yes ☐ No

Full name of witness (please print)

Position

Signature

Date DD/MM/YYYY

DH1096 07/19
Is there another person helping you to fill out this form?  

☐ Yes  
☐ 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
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date DD/MM/YYYY

Phone