



# Housing Statement

Please print in BLOCK LETTERS with a black or blue pen

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  If you need more room for your statement, please include details on a separate page and attach it to this form.

**I, the undersigned** (provide full details)

Client reference number

T-File number

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Date of Birth

Unit/House number

Street/Avenue

Town /Suburb

Postcode

Contact number

Email

**Do hereby state**

## DCJ Privacy Notice

This privacy notice applies to the Department. The Department and its related agencies/divisions 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 the Department. Your personal information will be used for the purpose(s) it was collected (for example to provide services to you) or any related, secondary purpose. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services. The Department is legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights and how you can access your personal information can be found on the Department's Privacy Notice available on the Department's website at: <https://www.dcj.nsw.gov.au/statements/privacy.html> or by calling: 02 9716 2662.

The Department's Privacy Management Plan (PMP) explains how the Department complies with its obligations under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. The Department's PMP can be found on the Department's website at <https://www.dcj.nsw.gov.au/statements/privacy/privacy-management-plan.html>

Generally you have the right to access and correct the information if you believe that it is incorrect. If you wish to do so, please contact the Open Government, Information and Privacy Unit at [infoandprivacy@dcj.nsw.gov.au](mailto:infoandprivacy@dcj.nsw.gov.au) or call 02 9716 2662.

## 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.

## 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

Title  
Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

Signature

Date

Full name of witness (please print)

Position

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  
Mr, Mrs, Ms, Miss, Mx

Last name or family name

First and middle name(s)

Contact number

Signature

Date