



Housing Pathways

Offer Response Form

This form is to be completed by a client to confirm the acceptance or refusal of an offer of accommodation made by a social housing provider. Please complete and sign the form after you have viewed the property. Please print in BLOCK LETTERS with a black or blue pen. 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 **X**. If you need more room to answer any questions, please include details on a separate page and attach it to this form.

Client reference number

T-File number

Application reference number

Offer reference number

Social Housing Provider name

Officer name

Date offer made

DD / MM / YYYY

Client's details

Title

Mr, Mrs, Ms, Miss, Mx

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email

Date property keys collected:

DD / MM / YYYY

Client's signature

X

Date property keys returned

DD / MM / YYYY

Client's signature

X

Please note that the property keys should be returned to the office before 4:00 pm on the same day of the inspection

Date client taken to view the property

DD / MM / YYYY

Property details

Address

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Offer response (please tick the relevant option and sign)

I have looked at the property at the above offer address on: Date

Option 1. I wish to accept the above property ☐

Homes NSW managed properties only

Does the property require Home Modifications (Disability)? ☐ Yes ☐ No

I have viewed the property and have agreed to the modifications required. I understand that I will need to complete and supply an Application for Home Modifications (Disability), an occupational therapist report and an Occupational Therapist Summary Report

Date of decision

- I understand that the property will be at social housing maintenance standard at the time of occupation.
- I understand that the social housing provider will contact me to arrange a sign-up.
- I understand that at the sign-up I may be asked to provide the following:
 - proof of identity
 - proof of all household income
 - proof supporting my claim for a longer lease (if applicable)
 - two weeks subsidised rent and water (if requested).

Option 2. I am not able to make a decision about accepting the above property ☐

Date of decision

I understand that an interview will be arranged to discuss my issues/concerns.

Option 3. I do not accept the above property ☐

Date of decision

I understand that the offer will be counted as a rejection unless I provide sufficient reasons and satisfactory documentation proving that the property will not meet the needs of my household.

Please provide reasons for not accepting the property

Supporting documentation attached? ☐ Yes ☐ No

DCJ Privacy Notice

This notice outlines how the Department of Communities and Justice (DCJ) collects, uses, stores and discloses your personal and or health information in accordance with the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIP Act) and the *Health Records and Information Privacy Act 2002* (NSW) (HRIP Act).

DCJ collects personal and or health information from time to time in connection with your application for housing services or during your tenancy for the purposes of assessing and processing your application for housing assistance and or administering your tenancy.

We may also collect information to provide you with support services, related to your tenancy or as a client of DCJ. This information may be collected from:

- you directly
- individuals who are visiting or residing at the same residential address as you
- members of the public
- Community Housing Providers
- your authorised representatives
- other third parties, for example medical practitioners
- other NSW or Commonwealth government agencies (as permitted by law).

This information is held by DCJ, and where relevant Community Housing Providers. The information held relates to services provided to you, including the details you provide in this document and information in other documentation completed or provided by or on your behalf, and it also relates to information you provide to our staff or Community Housing Providers (for example, during your public housing tenancy sign-up process).

DCJ may also use your information for data analytics, data matching and data integration on DCJ's Federated Analytics Platform (FAP). In addition to the use of your information on the FAP, this information will also support policymaking, program and service planning, delivery of targeted services for clients, program evaluation, monitoring and reporting, research and resource planning. We may also use your information within DCJ to plan, coordinate and improve the way we provide services. This includes use of the information by companies contracted by DCJ, for example, for the purposes of determining client satisfaction and related long-term service enhancement.

Intended recipients of your personal and or health information include those involved in the above activities, as well as any others who may have a lawful interest in considering your application or tenancy, including where relevant the:

- DCJ
- Aboriginal Housing Office
- Community Housing Providers
- Housing Appeals Committee
- NSW Land and Housing Corporation.

DCJ may also disclose your personal and or health information where required or permitted by law, for example:

- for purposes relating to child protection, health reasons, protection of public revenue, and or law enforcement
- to relevant statutory bodies
- to other co-tenants, authorised occupants and or visitors of the subject residential address.

The supply of your personal and or health information in this form is voluntary; however, if you do not supply us with the information we request, we may not be able to process your application, provide services to you or other individuals affected by your tenancy, or provide other forms of assistance.

You have a right of access to and correction of your personal and health information held by DCJ in accordance with the PPIP Act and the HRIP Act. Further information about your privacy rights are available on the DCJ website at <https://www.dcj.nsw.gov.au/privacy-notice>.

Declaration

- I have read and understand the above notice.
- I understand the instructions given on this form.
- To the best of my knowledge, the information provided in this form is correct.
- I understand there are penalties for giving false or misleading information.
- I consent to the personal and medical information I have provided in this form, and which is stored in DCJ' records, being shared with other social housing providers so that appropriate services can be identified and delivered and, if necessary, for my doctor or health care professional to discuss these details on my behalf with the social housing provider.

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
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	<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"/>
Contact number	<input type="text"/>