

## Application for Transfer Community Housing Tenants Only

This form is used by current tenants of community housing to apply for a transfer to another social housing property (including public housing and community housing)

### What is this form about?


This form is for current tenants of Community Housing making an application to Transfer to another social housing property. It asks questions about your situation and the property you are in now. Your application will be assessed on the information you give us on this form and at an interview, if you have one.

### How to fill in this form

To fill in this form:

**Please note:** you should only complete this form if you are a current tenant of a community housing provider that participates in Housing Pathways

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](http://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 provider across NSW, either in person or by mail. For a list of their contact details, go to [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

### What happens next?

Your application will be assessed and you will be notified of the outcome in writing. You may be contacted if further information about your application is needed.

### 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 provider.

### For more information

For more information about applying for housing assistance and whether you are eligible, please visit [www.facs.nsw.gov.au](http://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 *Application for Transfer Community Housing Tenants* 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 Transfer Community Housing Tenants Only

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](http://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 22 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.

Yes 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	First Name
Kidney failure	<input type="checkbox"/>	Family Name	First Name
Wheelchair user	<input type="checkbox"/>	Family Name	First Name
Physical disability	<input type="checkbox"/>	Family Name	First Name
Hearing impairment	<input type="checkbox"/>	Family Name	First Name
Physical illness	<input type="checkbox"/>	Family Name	First Name
Chronic/terminal illness	<input type="checkbox"/>	Family Name	First Name
HIV/AIDS	<input type="checkbox"/>	Family Name	First Name
Mobility impairment	<input type="checkbox"/>	Family Name	First Name
Experience of torture and trauma	<input type="checkbox"/>	Family Name	First Name
Other	<input type="checkbox"/>	Medical condition	
		Family Name	First Name

**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.

NDIS

HASI

Carer

Other



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.

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.

## Provider preference options

**TC1. What type of social housing do you prefer?**

Mark one only.

- All available social housing options (this includes public, Aboriginal and community housing managed by any Housing Pathways social housing provider)
- Public housing only - this includes public and Aboriginal housing managed by the Department of Communities and Justice (DCJ)
- Community housing only (this includes community and Aboriginal housing managed by any Housing Pathways community housing provider)

**Notes:** Housing Pathways social housing providers may use your details from the NSW Housing Register to make you an offer of affordable housing. They may also give your details to another social housing provider so they can make you an offer of social housing. For more information see the *Matching and Offering a Property to a Client Policy* at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

In some locations there is no public housing available. To check if public housing is available in your preferred area, call the DCJ Housing Contact Centre on 1800 422 322 or visit the Housing Allocation Zone Locator at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

**TC1a. Do you wish to be considered for Aboriginal housing?**

Yes

No

**Note:** Aboriginal housing includes properties which are specifically for Aboriginal people and are managed by DCJ or community housing providers, including Aboriginal community housing providers.

This question only applies if you or a household member is Aboriginal or Torres Strait Islander.

To apply for Aboriginal housing, Aboriginality needs to be confirmed. See item 3 on the *Evidence Requirements Information Sheet* for details.

## Your housing requirements

**TC2. Where would you prefer to live?**

Allocation Zone

**Note:** An allocation zone is a group of areas or towns where social housing is available. Some allocation zones have longer waiting times than others. For more information regarding allocation zones and expected waiting times go to [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

**TC3. You may be offered a unit in a highrise building. Do you have any of the following reasons why you could NOT live in a highrise unit?**

Medical condition or disability


Child or young person at risk

**Note:** A highrise building has more than seven floors and lift access to all floors. For further information see the *Social Housing Eligibility and Allocations Policy Supplement* at [www.facs.nsw.gov.au](http://www.facs.nsw.gov.au).

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


**TC3a. Community housing providers will apply their own allocation policies when identifying a suitable client for an available property. If you want offers of community housing will you accept an offer of a highrise unit?**  Yes  No

**TC4. If you are a single person household you may be offered a unit with a combined bedroom and lounge room (studio unit). Do you have any of the following reasons why you could NOT live in a studio unit?**  Medical condition or disability  Require a carer  I am not a single person

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

**TC4a. Community housing providers will apply their own allocation policies when identifying a suitable client for an available property. If you want offers of community housing will you accept an offer of a studio unit?**  Yes  No

**TC5. Do you or anyone on this application have any special housing requirements as a result of a medical condition, disability, child custody arrangements or other special circumstances?**  Yes give details  No → Go to TC6.


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

Name of person:  Family Name  First Name

Details of requirements:

Why are the requirements needed?

**TC6. Do you or anyone on this application have difficulty climbing stairs?**  Yes give details  No → Go to TC7.

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

Name of person:  Family Name  First Name

Please mark the box with the maximum number of steps this person can cope with:  0  1-2  3-5  6 or more

**TC7. Do you wish to be considered for a Senior Communities property?**  Yes  No

**Note:** These properties are in complexes that are specifically for older people. To be eligible, you must be either: a single applicant aged 55 years and over, or an Aboriginal and/or Torres Strait Islander aged 45 years and over; or part of a two person adult household where at least one person is 55 years and over or an Aboriginal and/or Torres Strait Islander aged 45 years and over.

**TC8. Is your current property unsuitable because it is too big or too small?**

**Note:** Too big means the property has too many bedrooms and too small means it has too few bedrooms.

Yes give details  No → Go to TC9.


**TC9. Have you or your partner found permanent work in another location?**



Attach proof. See item 24 on the *Evidence Requirements Information Sheet* for details.

How many hours a week do you work?

Yes give details  No → Go to TC9a.

--

**TC9a. Do you or your partner have any difficulties travelling to work from your current home?**

(for example, there is no public transport available)

Yes give details  No → Go to TC10.


How long does it currently take you or your partner to travel to work?


**TC9b. Do you give your permission for your community housing provider to contact your employer?**

Yes give details

Company name

--

Supervisor's name

Family Name	First Name
-------------	------------

Contact phone number

--

Address of employment

Postcode

No if no, why not?

--

**TC10. Do you require a Transfer for compassionate reasons, such as to care for a sick relative?**

**Yes**  
give the reason and explain why it is difficult for you to travel to the required location from your current home

**No** → Go to TC11.

Attach proof. See item 25 on the *Evidence Requirements Information Sheet* for details.


**TC11. Do you or anyone on this application receive support from a person who is receiving a Centrelink Carer Payment or Carer Allowance?**

**Yes**  
give details

**No** → Go to TC12.

Attach proof. See item 21 on the *Evidence Requirements Information Sheet* for details.

Name of person receiving support

Family Name	First Name
-------------	------------

Name of carer

Family Name	First Name
-------------	------------

Contact phone number

### 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](http://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 14 of this form. You will also need to get each additional person aged 16 years and over to sign the consent on page 22.


# 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  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 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?

Relationship to you

Centrelink Reference Number (if applicable)

Sex  Male  Female  Other

Date of birth

**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

**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

Visa subclass number (if not relevant, write 'not applicable')

Date of arrival in Australia (if applicable)

**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](http://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 22 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](http://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 ແປເອກະສານເນື່ອງຈາກວາພາສາອັງກິດບໍ່ແມ່ນ 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 prevodjenjem 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.