

Application for Public Housing - Instructions

Need help filling out this form?

If you require assistance filling out this form you can ask someone to help you, such as a friend, relative or supporting agency worker. If you wish for the department to share information about you and/or your application with another person or agency, please let a Housing Officer know. You may be required to complete an Authorisation to Disclose Personal Information form.

When completing the form, please ensure you:

- read all of the questions carefully
- write in block letters (for example: JOHN SMITH)
- show your answer with a tick where there are Yes/No boxes (for example: ✓)
- attach any supporting documentation if required
- sign the declaration
- have this application form sighted and signed by an appropriate witness.

If needed, you can ask the department for information about interpreters to help you complete this form.

What is the Application for Public Housing form for?

The Application for Public Housing form lets you apply for public housing, request a transfer, and be considered as a priority housing applicant.

What supporting documents am I required to provide to apply for public housing?

There are a number of supporting documents that you must provide. Please refer to the following fact sheets to see what you need to supply:

- Eligibility criteria for public housing
- Proof of Identification and Income
- Priority Public Housing
- Information for Support Agencies
- Information for Health Professionals.

What happens once you submit your application for public housing?

Once you submit your Application for Public Housing form, the department will review your application and check it is complete. If your application is complete a lodgement receipt will be provided to you with a reference number. This receipt is NOT confirmation that you will be placed on the public housing waitlist.

The department will then assess your eligibility for public housing, priority or a transfer (if applicable). You will receive a letter advising of the outcome of your application.

Please note that an incomplete Application for Public Housing form will not be accepted and will be returned to you or your nominated representative along with supporting documentation.

What if I want to add more people to my application but there is no space in the form?

If you want to add more people to your application, please ask for an Additional Household Members form.

How do I apply to be considered a priority housing applicant or to transfer to another public housing property?

You can apply at any time to be considered for priority housing or a transfer by filling out Part A (Personal details) to Part D (Request for priority housing or transfer) of the Application for Public Housing form. You will need to provide supporting documents with your application, including any letters of support from your treating health professional and/or support agency.

Requests to transfer within public housing will only be approved if you can meet general eligibility criteria for public housing, can demonstrate a satisfactory tenancy history and any additional requirements specific to the relevant transfer scheme.

Disclaimer – you are responsible for your information

It is your responsibility to keep the department informed about any changes to your circumstances within 28 days of the change. These changes include:

- the birth of a child
- changes in your contact details
- a change in household income
- any changes to household members on your application
- any other changes that may affect the outcome of your application for public housing.

8999 8506 للمساعدة اللغوية يُرجى الاتصال بخدمات الإسكان على الرقم

ဘာသာစကား အကူအညီအတွက် ကျေးဇူးပြု၍ စကားပြန် ဝန်ဆောင်မှု NT (Interpreter Service NT) ကိုဖုန်း 8999 8506 ဖြင့်ဆက်သို။

Γιά γλωσσική υποστήριξη παρακαλούμε καλέστε τη Διερμηνευτική και Μεταφραστική Υπηρεσία της Βόρειας Επικράτειας στο 8999 8506.

Untuk bantuan bahasa hubungilah Layanan Juru-bahasa NT (Interpreter Service NT) di nomor telp 8999 8506.

សំរាប់ជំនួយភាសា សូមទូរសព្ទទៅកិច្ចបំរើកម្រៃនៃអង្គដែនដីភាគខាងជើងតាមលេខ 8999 8506 ។

Para assistência com a língua ligue para o Serviço de Intérprete do Território Norte (Interpreter Service NT) no 89998506

Kwa msaada wa lugha, tafadhali pigia Huduma ya Ukalimani na Utafsiri wa lugha NT kwa 8999 8506.

Ba hetan assistensia lian nian favor dere ba Servisu Interpretasaun no Tradusan NT iha numeru 89 998506

สำหรับการช่วยเหลือด้านภาษา โปรดโทรไปที่บริการล่ามและแปล เอ็นที ที่หมายเลข 8999 8506

Để được sự giúp đỡ về ngôn ngữ, xin gọi Dịch Vụ Thông Ngôn Lãnh Thổ Bắc Úc (Interpreter Service NT) qua số 8999 8506

Housing application lodgement receipt <i>(Receipting Housing officer to complete upon receipt of a COMPLETED application. Incomplete applications must not be accepted; and these must be returned to the applicant).</i>		
Applicant's name		
Housing officer user ID		
TRM reference no	TMS Group no	Housing office date stamp

Application for Public Housing – Form

PART A - Applicant 1			
Please select the area where you would prefer to be housed:	<input type="checkbox"/> Darwin	<input type="checkbox"/> Nhulunbuy	<input type="checkbox"/> Community / region
	<input type="checkbox"/> Casuarina	<input type="checkbox"/> Katherine	<input type="checkbox"/> Town Camp
	<input type="checkbox"/> Palmerston	<input type="checkbox"/> Tennant Creek	<input type="checkbox"/> Alice Springs
Please list in order your preferences of community/region below:			
1			
2			
3			
Do you require an interpreter?	<input type="checkbox"/> Yes (please specify) _____		
	<input type="checkbox"/> No		
Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
First name			
Middle name (s)			
Last name			
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Address			
Postal address			
Home phone		Work phone	
Mobile		Other phone	
Email			
Occupation			
Are you of Aboriginal and/or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
		<input type="checkbox"/> Aboriginal and/or Torres Strait Islander	
		<input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Have you been diagnosed with a disability?		<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological	
		<input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other	

PART A - Applicant 1 continued

Next of kin

Title	Mr / Mrs / Ms / Miss / Other		
First name			
Last name			
Relationship to you			
Postal address			
Mobile phone		Other phone	
Email			

Income and assets

Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset details

Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B - Applicant 2

Personal details

Do you require an interpreter?	<input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No		
Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name			
Middle name(s)			
Last name			
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Relationship to Applicant 1			
Address			
Postal address			
Home phone		Work phone	
Mobile phone		Other phone	
Email			
Occupation			
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Have you been diagnosed with a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		

PART B - Applicant 2 continued

Next of kin

Title	Mr / Mrs / Ms / Miss / Other		
First name			
Last name			
Relationship to Applicant 2			
Postal address			
Mobile phone		Other phone	
Email			

Income and assets

Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Asset details

Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Household members

Please give details of every person (adults and children) who will be sharing the home that have not been identified as Applicant 1 or 2.

Person 1

Personal details			
Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Middle name(s)	
Last name			
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)			
Relationship to Applicant 1		Relationship to Applicant 2	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Mobile phone		Other phone	
Are you of Aboriginal and/or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Have you been diagnosed with a disability?		<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other	

Income and Asset Details

Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:

Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Household members continued			
Person 2			
Title	Mr / Mrs / Ms / Miss / Other _____		ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name		Middle name(s)	
Last name			
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)			
Relationship to Applicant 1		Relationship to Applicant 2	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth	
Mobile phone		Other phone	
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Have you been diagnosed with a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other		
Income and Asset Details			
Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:			
Source of income	Gross amount (before tax)	Documents attached	
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Assets	Gross amount (before tax) or estimated current value	Documents attached	
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART C - Household members continued

Person 3

Title	Mr / Mrs / Ms / Miss / Other _____	ID documents attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
First name	Middle name(s)	
Last name		
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)		
Relationship to Applicant 1		Relationship to Applicant 2
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth
Mobile phone		Other phone
Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Have you been diagnosed with a disability?	<input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Not applicable <input type="checkbox"/> Other	
Evidence of weekly income (before tax) for each person in the house aged 18 years and over is required. Attach documents to confirm income received over the past three months as follows:		
Source of income	Gross amount (before tax)	Documents attached
Wages		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension / Allowance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Workers compensation		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets	Gross amount (before tax) or estimated current value	Documents attached
Bank account(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fixed term deposits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Shares investments (includes accessible superannuation funds)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat / caravan / any other recreational vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No
Property and land / any other valuable saleable items		<input type="checkbox"/> Yes <input type="checkbox"/> No

PART D - (Optional) Request for priority housing or transfer

Disclaimer

The information collected below is to help us to understand your need for priority housing or a transfer.

You will need to fill in Part A to Part D to be considered for priority housing or a transfer. Information on supporting documents required can be found within the fact sheets mentioned in the Instructions on Page 1 of this form.

If you do not provide the required information, the Department of Housing and Community Development may not be able to assist you. The information collected will not be disclosed to anyone without your consent, in accordance with the Information Privacy Principles scheduled in the *Information Act* (NT).

Current living situation

Are you seeking priority housing or a transfer?

Priority housing

Transfer

Why are you seeking priority housing or a transfer?

at risk of homelessness

serious medical reasons

domestic or family violence

serious social/family reasons

transfer to another location

Other (please specify): _____

Where do you live now?

Public housing dwelling

Hospital (excluding psychiatric)

House / townhouse / flat

Psychiatric care facility including hospital

Caravan / tent / cabin / boat / motor vehicle

Disability support accommodation

Improvised building / dwelling

Rehabilitation program accommodation

No dwelling / street / park / in open

Adult correctional facility

Boarding / rooming house / hostel

Youth / juvenile justice detention centre

Emergency or supported accommodation

Immigration detention centre

Boarding school / residential college

Other please specify: _____

Aged care facility

Hotel / motel / bed and breakfast

PART D - (Optional) Request for priority housing or transfer continued

Have you been in any of the following situations within the last 12 months?

Homeless or sleeping rough

Yes No

Short-term or emergency accommodation, due to a lack of other options

Yes No

When did you last have a place to live?

Less than 1 week ago

More than 1 year, to 5 years ago

1 week to 1 month ago

More than 5 years ago

More than 1 month, to 6 months ago

Not applicable

More than 6 months, to 1 year ago

Are you currently on the public housing wait list?

Yes No

Have you lived in a public housing dwelling in the past?

Yes No

If yes, when and where did you last live in public housing?

Date

Address

PART E - Declaration

Statement of privacy

The Department of Housing and Community Development only collects personal information which is necessary to provide housing assistance under the *Housing Act* and its Regulations. If you do not provide the information we may not be able to assist you. The Department will not release this information to anyone without your consent unless it is required or authorised by law or necessary for maintenance, debt recovery, housing policy or research purposes in accordance with the Information Privacy Principles scheduled in the *Information Act* (NT). You have a right to access and correct any information about yourself.

If you have any queries or concerns about how your personal information is collected and used, please contact the Information Access Unit on 08 8999 8490, email infoact.DHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Declaration by applicant/s

Read the following sections carefully before signing.

I/We, (name/s in BLOCK LETTERS)
 (name/s in BLOCK LETTERS)

- understand that I/we may be prosecuted under the *Housing Act* of the Northern Territory should I/we deliberately make a false or misleading statement in this application. Maximum penalty: 100 penalty units.
- Authorise the Department of Housing and Community Development staff to confirm any personal and financial background relevant to this application.
- understand that I/we must advise the Department of Housing and Community Development of any changes to my/our circumstances (for example changes in income, contact details, or household size) that may affect this application.
- have had these responsibilities explained to me/us and understand I/we will be required to confirm and update the information contained in this application every six months.

Applicant 1

Name:	Date
Signature:/...../.....
Witness Name:	Date
Witness Signature:/...../.....

Applicant 2

Name:	Date
Signature:/...../.....
Witness Name:	Date
Witness Signature:/...../.....

PART F – Office Use Only

If any part of the application form is incomplete or supporting documents are not provided, the application MUST not be accepted and the form and attachments are to be returned to the applicant with the CT10 (and CT11 if applicable) Incomplete Application for Public Housing checklist filled out.

Application type	Urban <input type="checkbox"/> Remote <input type="checkbox"/> Town Camp <input type="checkbox"/> Priority <input type="checkbox"/> Transfer <input type="checkbox"/>
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Date application received		User ID / Staff Name	
---------------------------	--	----------------------	--

TRM record		Has this applicant been a previous tenant/applicant?
------------	--	--

TMS Group Number		<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--	--

Application Form	Completed (✓)	Comments
Is PART A completed and supporting documents provided? (i.e. proof of identity/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is PART B completed and supporting documents provided? (i.e. proof of identity/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is PART C completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is PART D completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is PART E completed and if applicable, supporting documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For incomplete applications, please complete the following:

Date incomplete application returned to applicant/...../.....	
---	-------------------	--

Date 'Incomplete Application' letter provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRM No:
---	--	---------

'Incomplete Application' Checklist provided to applicant and a copy placed in relevant TRM file	<input type="checkbox"/> Yes <input type="checkbox"/> No	TRM No:
---	--	---------

'Proof of Identification and Income' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--

'Information for Health Professionals' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--

'Information for Support Agencies' Factsheet provided to applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--

All communication and information above entered into TMS 1.7 Communications screen (if Group number exists)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	--