Alterations and additions

This form is for you to apply to the Department of Territory Families, Housing and Communities for approval to make alterations to a public housing property.

The Department must approve any alterations before you begin work. You will need to provide copies of relevant plans or certificates, where applicable.

You will need to attach any supporting documents with your completed form. You can lodge your form at your local Housing office.

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450 Para falar connosco em outro idioma além do inglês, chame o serviço de intérprete no 131450. Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450. หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450 หุที่ที่กิดเหล่นสู่ถ เข็นกาลุทธผลิตเพลายูเขนียลู้เสเขนที่กิดเหมู่ถวงจุ๊ก ดูยจาก่จนเจาเหมายกที่แกกเกลยจะเมื่อ ตะเลขะ 131450 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450 หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ทางหนัยและ ขึ้นที่สินที่ เพลายนาย เมื่อ เมื่อ

Office Use Only -	Receipting	TFHC staff to complete		
Received by				Housing office date stamp
TMS Group no		TMS Asset no		
TRM reference				
Part A - Applicant	t details			
Title		☐ Mr ☐ Mrs ☐ Ms ☐		
Full name				
Residential or Com address	nmunity			
Postal address (If different from r	esidential)			
Home phone			Work phone	
Mobile			Other phone	
Email				
Part B - Alteration	ns or additio	ons proposed		
Which room will th	his alteration	n or addition be in? (e.g. l	ounge, kitchen)	
Who will be makin	ng these cha	inges? (e.g. tenant, trades	person)	



Alterati	ıments attached							
	Curtain or blinds brackets Approximate number:		NI	. .				
	Picture hooks Approximate number:		- N/A					
	Air conditioner Electrical certificate required for split □ Box style □ Split Systems.	tem	□Yes	□ No				
	Heater Certification required for hard wired □ Electrical □ Gas electrical or gas.		□Yes	□ No				
	Irrigation system/s		□ Yes	□ No				
	Concrete paving Minimum of 75mm thick and the ground underneath termite treated. A pest control certificate is required as proof of treatment.		□Yes	□ No				
	External shade area Please provide type and materials in space for details below.		□ Yes	□No				
	Garden shed Must be built in line with relevant building legislation and regulations. Please provide type and materials in space for details below.		□Yes	□ No				
	Satellite dish		□ Yes	□No				
	Cage, enclosure, fence or other structure for pet/s Please provide type and materials in space for details below.		□ Yes	□No				
	Power card		□ Yes	□No				
	Security or movement sensor light		□ Yes	□No				
	Other:		□ Yes	□No				
Please provide further details for the above proposed alteration. Details include materials and size of the alteration or other information. Attach extra pages, if required.								

art C	- Roı	ugh s	site (draw	ing (or co	ору а	attac	ched)						
														•		
										•	•					

Part D - Statement of privacy

Territory Families, Housing and Communities collects only your personal information which is necessary to provide housing assistance under the Housing Act 1982 and its Regulations.

If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the Information Act 2002 (NT). You have a right to access and correct the information held about you.

and Digital Development on (08) 8999 1793, email FOl@nt.gov.au or write to GPO Box 2391, Darwin NT 0801.										
Part E -	· Declaratio	n by applicant								
l,		(F	ull name i	n BLOCK L	ETTERS)					
am appl	ying for per	mission for the alterations stated on this form to the pr	roperty re	nted by me						
I unders	stand that:									
 Alterations are not to begin until approval has been given in writing by the Department. 										
• ,	 Any certification required will be provided by me to the Department. 									
	 I will be required to remove the alterations and repair any damage to the property when vacating the premises. 									
	 There will be no reimbursement from Territory Families, Housing and Communities for any alterations approved to remain in place. 									
	 Alterations undertaken will be completed to a reasonable standard and in accordance with relevant laws, by-laws and regulations. 									
Applicant Signature			Date	/	/					
Office U	Jse Only - P	roperty Services Staff to complete								
□ A _l	pplication as	ssessed								
□ O	utcome reco	orded in TMS 1.7 Communications screen								
□ D:	ate letter se	nt to tenant advising of the assessment outcome		/	/					