

# Application for public housing form

## Instructions

### What is this form for?

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

### Need help filling out this form?

You can ask someone to help you complete this form such as a friend, relative or supporting agency worker. If you need an interpreter please let your local Housing office know. The Department can organise help from an interpreter to complete this form.

You will need to complete an Authorisation to Disclose Personal Information form if you wish for the Department to share information about you and/or your application with another person or agency.

When completing the form, please:

- Read all of the questions carefully;
- Show your answer with a tick where there are Yes/No boxes (for example: ✓);
- Attach any supporting documentation, if required;
- Sign the declaration; and
- Have this application form sighted and signed by an appropriate witness.

### 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;
- Proof of income;
- Priority housing;
- Support agencies and health professionals.

### What happens once you submit your application?

Once you submit your 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 letting you know 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.

Request to transfer within public housing will only be approved if you can meet the 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.

### Telephone Interpreter Services

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450  
 Para falar conosco 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  
 ຫາກຕ້ອງການສຽງເຮົາໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກະລຸນາຕ້ອງສຽງເຮົາໂທ ທີ່ບໍລິການລ່າມທາງໂທຣຊີຟັບ ຫຼື ຫາຍເລກ 131450 ັ  
 ຕ້ອງຮູ້ວ່າ ຫາກຕ້ອງການບໍລິການບໍລິການ ຫາກຕ້ອງການບໍລິການ ຫາກຕ້ອງການບໍລິການ ຫາກຕ້ອງການບໍລິການ ຫາກຕ້ອງການບໍລິການ  
 Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.  
 لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

Housing application lodgement receipt			
Applicant's full name			
TFHC staff user ID			
TRM reference no		TMS Group no	
Housing office date stamp			

Application for public housing - form			
Please select the area where you would prefer to be housed:		<input type="checkbox"/> Darwin <input type="checkbox"/> Casuarina <input type="checkbox"/> Palmerston	<input type="checkbox"/> Nhulunbuy <input type="checkbox"/> Katherine <input type="checkbox"/> Tennant Creek
		<input type="checkbox"/> Community/region <input type="checkbox"/> Town Camp <input type="checkbox"/> Alice Springs	
Please list in order your preference of community/region		1	
		2	
		3	
Part A – Applicant 1			
Do you require an interpreter?		<input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No	
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> 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 <input type="checkbox"/> Unspecified		Date of birth / /
Residential or community address			
Postal address (if different from residential address)			
Home phone		Work phone	
Mobile phone		Email	
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> 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"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify )		
Next of kin details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name		Relationship to you	
Postal address			
Home phone		Work phone	
Mobile phone		Email	

Income - 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 - Attach documents to confirm your assets as follows:			
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
Share 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			
Do you require an interpreter?		<input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No	
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> 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 <input type="checkbox"/> Unspecified		Date of birth / /
Relationship to applicant 1			
Residential or community address			
Postal address (if different from residential address)			
Home phone		Work phone	
Mobile phone		Email	

Part B – Applicant 2 continued			
Are you of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> 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"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify )		
Next of kin details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other:		
Full name			
Relationship to you			
Postal address			
Home phone		Work phone	
Mobile phone		Email	
Income - 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 - Attach documents to confirm your assets as follows:			
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	
Share 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 complete the following for all other adult and child that will be living in the home with you.			

Person 1 details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> 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 <input type="checkbox"/> Unspecified	Date of birth	/ /
Relationship to applicant 1			
Relationship to applicant 2			
Mobile phone		Other phone	
Is person 1 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Has person 1 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify )		
Income - 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 - Attach documents to confirm your assets as follows:			
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	
Share 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	

Person 2 details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> 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 <input type="checkbox"/> Unspecified	Date of birth	/ /
Relationship to applicant 1			
Relationship to applicant 2			
Mobile phone		Other phone	
Is person 2 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Has person 2 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify )		
Income - 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 - Attach documents to confirm your assets as follows:			
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	
Share 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	

Person 3 details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> 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 <input type="checkbox"/> Unspecified	Date of birth	/ /
Relationship to applicant 1			
Relationship to applicant 2			
Mobile phone		Other phone	
Is person 3 of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander		
Has person 3 been diagnosed with a disability?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Other (please specify )		
Income - 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 - Attach documents to confirm your assets as follows:			
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	
Share 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 document 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 Territory Families, Housing and Communities 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 2002* (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 social/family reasons  
 Domestic or family violence  Other (please specify):  
 Transfer to another location  
 Serious medical reasons

Where do you live now?

Public housing dwelling  Aged care facility  
 House/townhouse/flat  Hospital (excluding psychiatric)  
 Caravan/cabin/boat/tent/motor vehicle  Psychiatric care facility including hospital  
 Improvised building/dwelling  Disability support accommodation  
 No dwelling/street/park/in open  Rehabilitation program accommodation  
 Boarding/rooming house/hostel  Adult correctional facility  
 Emergency or supported accommodation  Youth/juvenile justice detention centre  
 Boarding school/residential college  Other (please specify):  
 Hotel/motel/bed and breakfast  
 Immigration detention centre

Have you been in any of the following situations in 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 Territory Families, Housing and Communities only collects personal information which is necessary to provide housing assistance under the *Housing Act 1982* and its Regulations. If you do not provide the 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 or necessary for maintenance, debt recovery, housing policy or research purposes in accordance with the Information Privacy Principles scheduled in the *Information Act 2002 (NT)*. You have a right to access and correct any information about you.

If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 8999 8490, email [TFHC.infoaccess@nt.gov.au](mailto:TFHC.infoaccess@nt.gov.au) or write to GPO Box 37037, WINNELLIE NT 0820.

I/We \_\_\_\_\_ (name/s)

\_\_\_\_\_ (name/s)

- Understand that I/we may be prosecuted under the Housing Act 1982 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 Territory Families, Housing and Communities staff to confirm any personal and financial background relevant to this application.
- Understand that I/we must advise the Department of Territory Families, Housing and Communities 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 full name		Date
Signature		/ /
Witness name		Date
Witness signature		/ /
Applicant 2 full 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	<input type="checkbox"/> Urban	<input type="checkbox"/> Remote	<input type="checkbox"/> Town Camp	<input type="checkbox"/> Priority	<input type="checkbox"/> Transfer
Date application received		User ID/Staff name			
TRM record		TMS group number			
Has this applicant been a previous tenant/applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Application form	Completed		Comments		
Is part A completed and supporting documents provided? (i.e. proof of identify/income)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is part B completed and supporting documents provided? (i.e. proof of identify/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 the applicant	/ /				
'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				