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| 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. |
| 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 details |
| Title | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other |
| Full name |  |
| Residential or Community address |  |
| Postal address(If different from residential) |  |
| Home phone |  | Work phone |  |
| Mobile |  | Other phone |  |
| Email |  |
| Part B – Alterations or additions proposed |
| Which room will this alteration or addition be in? (e.g. lounge, kitchen) |  |
| Who will be making these changes? (e.g. tenant, trades person) |  |
| Alteration or addition description | Documents attached |
| ☐ | Curtain or blinds brackets | Approximate number: | N/A |
|[ ]  Picture hooks | Approximate number: |  |
| ☐ | Air conditionerElectrical certificate required for split systems. | [ ]  Box style | [ ]  Split System | [ ]  Yes | [ ]  No |
| ☐ | HeaterCertification required for hard wired electrical or gas. | [ ]  Electrical | [ ]  Gas | [ ]  Yes | [ ]  No |
|[ ]  Irrigation system/s | [ ]  Yes | [ ]  No |
|[ ]  Concrete pavingMinimum of 75mm thick and the ground underneath termite treated. A pest control certificate is required as proof of treatment. | [ ]  Yes | [ ]  No |
| ☐ | External shade areaPlease provide type and materials in space for details below. | [ ]  Yes | [ ]  No |
|[ ]  Garden shedMust 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/sPlease 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.** |
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| **Part C – Rough site drawing (or copy attached)** |

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| End of form |

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| **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. If you have any queries or concerns please contact Freedom of Information, Department of Corporate and Digital Development on (08) 8999 1793, email FOI@nt.gov.au or write to GPO Box 2391, Darwin NT 0801. |
| **Part E – Declaration by applicant** |
| I, | (Full name in BLOCK LETTERS) |
| am applying for permission for the alterations stated on this form to the property rented by me.I understand 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 Use Only - Property Services Staff to complete** |
| [ ]  Application assessed  |
| [ ]  Outcome recorded in TMS 1.7 Communications screen |
| [ ]  Date letter sent to tenant advising of the assessment outcome |  / / |