

Affordable Rental Office

Registration to apply for Affordable Rental Housing in the ACT

Use this form to apply for affordable housing assistance in the ACT.

This includes:

• Affordable housing - where the rent payable is less than the full market rent.

Step 1

Complete the form overleaf.

Print neatly in **BLOCKLETTERS**.

Make sure you answer all relevant questions; otherwise we may have to return the form to you to be completed.

If you need help with the form, ask an officer from the Affordable Rental Office to help you or call 133 427.

If you need help in a language other than English, complete as much of the form as you can. When you lodge your form, the Affordable Rental Office will contact the Telephone Interpreter Service (TIS) to assist.

Step 2

Complete the accompanying forms if you have been employed in the last 26 weeks you may need your employer to complete the Income Statement from Employer before you lodge this form.

If you receive payments from Centrelink or the Family Assistance Office, you must provide Prove Of Income.

Step 3

 $\label{eq:make-sure-sol} \mbox{Make sure you have all the required documents.}$

Please see the 'Affordable Rental Scheme' Fact Sheet and the Supporting Documentation Checklist.

Step 4

Lodge your application at Gateway Services or call 6207 1150 or ask a staff member.

Alternatively you can post your completed form and all the required documents to:

Affordable Rental Office Locked Bag 3000 Belconnen ACT 2616

Accessibility

The ACT Government is committed to making its information, services, events and venues, accessible to as many people as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an **alternative format** – such as large print or audio – please telephone **(02) 6205 0619.**

If English is not your first language and you require the translating and interpreting services

- please telephone 131 450.

If you are deaf or hearing impaired and require the TTY typewriter service – please telephone (02) 6205 0888.

	Personal details	Applicant 1	Applicant 2
1	Title	Mr Mrs Ms Miss Dr	Mr Mrs Ms Miss Dr
2	Your full name		
3	Date of birth	/ / Sex	/ / Sex
4	Current Address	Postcode	Postcode
5	Postal address	Postcode	Postcode
6	Your contact details	(H)	(H)
	Email address	(W)	(W)
		(M) (E)	(M) (E)
7	What is your relationship to the other applicant named on this form? (if applicable)		
8	Are you a permanent resident of Australia?	Yes ☐ No ☐ Are you currently a sponsored migrant to Australia? No ☐ Yes ☐ ▶ Please attach evidence	Yes ☐ No ☐ Are you currently a sponsored migrant to Australia? No ☐ Yes ☐ ▶ Please attach evidence
9	Have you lived in the ACT for more than six months?	Yes Please attach evidence No (if No you may not be eligible for Affordable Housing Assistance. Please speak to an Affordable Housing Officer if you are unsure).	Yes Please attach evidence No Moyou may not be eligible for Affordable Housing Assistance. Please speak to an Affordable Housing Officer if you are unsure).
10	Do you have a current application for housing assistance?	No ► What name is the application in?	No Yes► What name is the application in?
11	These questions are optional Are you of Aboriginal or Torres Strait Isl	and will be used for statistical purposes only ander origin?	
	No Yes - Both	Yes - Aboriginal Yes - Torres Strait Islander	
12	Do you require an interpreter No Yes	If yes what language	
13	Do you speak another language	at home other than English?	
١	No, English only	Yes, Italian Yes, Greek Yes, Cantone	ese Yes, Arabic Yes, Vietnamese
`	Yes, Mandarin	Yes, Spanish Yes, If other please specify	

14		meone we can contact if we are unable to contact you (Emergency or Third party contact) eone who lives in the ACT. Please provide a Name, Address and a contact number Post code													
15	Indicate your Housing requirements (Please attach evidence) Location - see property allocations zone mail Disabled modifications Other	ар													
			Other F	Residents											
16	Will any other people live in the propert Please provide evidence to confirm ongo (ie. family court orders, care and protection advice,	oing child co	ontact arrange	ements.	dren)?		No	Ύє	es 🔲 🕨	- Giv	e detai	ls be	low		
	Full name		Date of birth Relationshi			ID provided			Contact			Proof of Contact			
						No [Yes	_	No _	Yes Yes	_	No No		Yes Yes	
						No No	Yes		No No	Yes		No		Yes	
						No [Yes		No No	Yes		No		Yes	
						No	Yes	; 	No	Yes	П	No		Yes	
						No	Yes	; <u> </u>	No _	Yes		No		Yes	
	Income		Applica	nt 1				1	Applica	ant 2	?				
17	Do you currently No receive Centrelink or Yes Family Assistance Office benefits?		rovide a Centrelin nent for Housing			No Yes			ide a Cen t for Housin						
18	No Yes Yes employed?	from E payslip	colete the Income Employer on page os for the last 26 this form.	e 9 or provide		No Yes	■ Pleas	from E payslip	plete the li Employer o os for the l this form.	n page	9 or p	rovid			
1	9 What is your gross income? (ie before tax)? Include wages and pension payments		OR	Per fortnight \$		Per wee	k]	OR	Per for \$	tnigh	t		
20 Do you receive any No			do you receive?	Per fortnight		No Yes Per wee		much	do you rec	ceive?	Per for	tnigh	t		7

Assets	Applica	ant 1	Applicant 2
21 Do you have any bank, building society or credit union accounts?	Yes How many do you have? Please attach the docume the Affordable Housing F Acceptable Forms of Bank	act Sheet —	No Yes
22 Do you have any investments such as shares or bonds?	No ☐ Yes ☐ Ø ► Please attach evidence	e of your investments	No Yes
23 Do you own any cars or other vehicles, including boats, caravans etc?	No Give details Type (e.g. car)	Value	No Yes ► Give details Type (e.g. car) Value
24 Do you own or hold an interest in any residential or business property in Australia?	No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		No ☐ Yes ☐ ✓ ► Give details and attach evidence of ownership of the property Name of owner(s)
	Address of the property		Address of the property
		Postcode	Postcode
25 Do you have any other assets not already listed on this form? Do not include personal possessions, furniture, tools of trade etc.	No	and attach evidence asset Value	No
tools of trade etc.			
26 Has 100 points been provided for each applicant? (Please see attached checklist)	Applicant 1 No		Applicant 2 No Yes
	A	ssistance with this	
27 Did either applicant receive assistance to complete this formation by person assistance are baself of the applicant received.	orm? sting or completing this	Yes Which applicant 1 The person who he Declaration at 36 l	Applicant 2
form on behalf of the applic	ant s(5)		and the answers to the applicant(s) who seemed to understand them. nalties for giving false or misleading information

Personal Information a n d Privacy Notice

The information you provide will be treated confidentially and used to assess your application for affordable housing and for statistical purposes. For these purposes it may be necessary to disclose your information to members of a panel, anybody hearing an appeal in relation to you application, agencies or an organisation with which you have a signed a current 'Consent to Exchange and Release Information' form, as well as any community housing providers that currently provide you with housing and/or support services, or may do so in future. In addition, we may disclose your information when required or authorised by or under law. You will have access to any information you have provided to ensure that it is still accurate, and you will be allowed to correct it if necessary.

If this form requires you to include information about other members of your household, you should draw their attention, or the attention of their guardian, to this notice so that they are aware that information about them will be disclosed and used as described above.

Declaration by applicant(s)

I understand:

- The instructions given on this form and note the Personal Information and Privacy Notice above;
- This form will be used to register my application for affordable housing, provided I am eligible for it;
- That I may become ineligible for affordable housing if changes occur to any of my, or members of my household's circumstances, and/or incomes
 and/or assets detailed in this application.

I declare:

- That the information given in this application is complete and correct;
- That I have provided all of the required documents as shown in the Document Checklist;
- That I have shown the Personal Information and Privacy Notice above to any member of the household whose personal information is included in this form, or their guardian.

I acknowledge that a tenancy of a dwelling under the ARO does not entitle applicants 1 or 2 to Social Housing or entitlements under the public rental housing assistance program including eligibility for rental rebate.

28 Declaration by applicants(s)

Please note that there are legal penalties for deliberately giving false or misleading information.

Declaration by applicant(s)

Signature of			
Applicant 1			
Date	/	/	
Signature of Applicant 2			
Date	/	/	



Income Statement from Employer

If you need more than one form, contact the Affordable Rental Office on 133 427 or print a copy from the website at www.dhcs.act.gov.au	Yes		following details	N (I	
133 427 or print a copy from the website at www.dhcs.act.gov.au		VVe	eekending	No. of hours of overtime	Payment for overtime
1 11			/		\$
		/	/		\$
		/	/		\$
Employee's name		/	/		\$
		/	/		\$
		/	/		\$
Employee's present address		/	/		\$
Employee's present address		/	/		\$
		/	/		\$
		/	/		\$
		/			\$
Postcode		/			\$
		/			\$
		/	/		\$
Postcode			/		\$
		/			\$
		/			\$
When did the employee start		/			\$
k with the organisation?		/	/		\$
at is the gross amount the employee earned in the last 26		/	/		\$
ks (including overtime,		/	/		\$
ular allowances and penalties)?		/	/		\$

Company seal or stamp