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OFFICE OF
COMMUNITY
HOUSING

TENANCY GUARANTEE APPLICATION AND REGISTRATION

To find out about Tenancy Guarantees, please read the *Tenancy Guarantee* fact sheet and speak to a housing officer at your Community Housing Provider.

Documents you must provide

- proof of income – for everyone on the application
- proof of identity
- proof of current assets including bank balance
- other supporting documentation
- Form B, attached to this application

SECTION 1: PERSONAL DETAILS

1. Does anyone require an interpreter to help them complete this form? No Yes, language?
2. Is this a joint applicant? (Note: no more than 2 people can apply jointly for a Tenancy Guarantee) No Yes (complete Applicant 2 section below)
3. Are there any additional people to be housed with you? No Yes – Complete Section 6

Applicant 1

Title: Mr Mrs Ms Miss Other

Last name or family name: First name:

Date of birth: / / Age: Sex M/F: Country of birth:

Main language spoken at home: English Other Language?

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes – Aboriginal Yes – Torres Strait Islander

Do you or any member of your household have a disability or medical condition? No Yes - Specify condition:

Centrelink Reference Number (CRN)

Applicant 2

Title: Mr Mrs Ms Miss Other

Relationship to Applicant 1 (e.g. partner, friend, parent, child)

Last name or family name: First name:

Date of birth: / / Age: Sex M/F: Country of birth:

Main language spoken at home: English Other Language?

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes – Aboriginal Yes – Torres Strait Islander

Do you or any member of your household have a disability or medical condition? No Yes - Specify condition:

Centrelink Reference Number

Contact details

Phone number: Other contact number:

Address: Post code:

SECTION 2: INCOME AND EXPENSES

4. List ALL pre-tax household income including pensions, wages and any other regular income including casual wages. If you or anyone on this application are currently employed, your employer needs to complete a wages and salaries (*Form B*).

Type of income	Paid	Amount of income
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

5. What is the total value of cash, shares, term deposits, or other assets your household has?

\$

6. Do you, or anyone to be housed with you, own or part own any residential/business property, or a business?

No Yes – Give details below

Name of person:	
Address of property/business:	
Value of property/business:	\$
Amount owing (if mortgaged):	\$

7. If this is a residential property, why can't you live in it?

Details:

8. Please state the total amount of all your weekly debts (not including your living expenses). E.g. Centrelink, credit card, Housing NSW (*Note: your housing officer can help you work out your budget*)

\$:

9. Please state your total amount of your weekly living expenses (not including the above debts). E.g. food, medical expenses, telephone and electricity bills, car etc (*Note: your housing officer can help you work out your budget*)

\$:

10. Do you have any maintenance and/or child support deductions from you household income?

No Yes – Give details below

Type of deduction	Paid	Amount of deduction
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

SECTION 3: YOUR HOUSING HISTORY

11. Have you submitted an application for public housing with the Department of Housing?

No Yes

12. Has this application been approved?

No Yes – note reference/T-file number below

Details:

13. Please tick one of the boxes below which shows your most recent accommodation:

<input type="checkbox"/> Beach	<input type="checkbox"/> Church	<input type="checkbox"/> Home	<input type="checkbox"/> Supported Accommodation
<input type="checkbox"/> Backpackers	<input type="checkbox"/> Family/friends	<input type="checkbox"/> Hotel	<input type="checkbox"/> Street
<input type="checkbox"/> Boarding house	<input type="checkbox"/> Gaol	<input type="checkbox"/> Park	<input type="checkbox"/> Other – Specify:
<input type="checkbox"/> Car	<input type="checkbox"/> Hospital	<input type="checkbox"/> Public transport	
<input type="checkbox"/> Caravan park	<input type="checkbox"/> Hostel	<input type="checkbox"/> Refuge	

14. Do you have somewhere to live while you look for private rental accommodation? No Yes – *Where? Give details below*

Details:

15. Have you rented in the private rental market before? No Yes – *Give details below*

Location/Agent/Landlord	Length of tenancy	Reason for leaving

16. List what you have done recently to find suitable accommodation in the private rental market (e.g. names of real estate agents you have approached, addresses of properties you have inspected).

Real Estate Agent/Landlord	Address of Property

Other details:

17. If you have recently been looking for private rental and were unsuccessful, what do you think is the main reason for not being able to secure accommodation? *Tick all boxes that apply*

<input type="checkbox"/> First time private market	<input type="checkbox"/> Disability
<input type="checkbox"/> Leaving family home because of violence/abuse	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> New migrant/refugee/Temporary Protection Visa holder	<input type="checkbox"/> Type or size of family
<input type="checkbox"/> Rent arrears (unpaid rent)	<input type="checkbox"/> Difficulty with day-to-day living
<input type="checkbox"/> Damage to property	<input type="checkbox"/> Contact with criminal justice system
<input type="checkbox"/> Aboriginality	<input type="checkbox"/> Other – <i>Specify:</i>
<input type="checkbox"/> Cultural background	

18. Have you been listed on a tenant database (i.e. TICA)? No Yes Do not know

SECTION 4: TENANCY GUARANTEE

19. What agency referred you for a Tenancy Guarantee assessment?

20. Have you had a Tenancy Guarantee before?

No – *Go to Q23* Yes – *Go to next question*

21. Which agency assisted you with that Tenancy Guarantee?

22. Do you owe money from any previous Tenancy Guarantee?

No Yes

23. Do you require assistance with rental bond?

No Yes

Do not complete the section below until your interview/appointment for the Tenancy Guarantee

Information about the Tenancy Guarantee

24. Have you been given the *Tenancy Guarantee* fact sheet?

No Yes

25. Has the Tenancy Guarantee been explained to you?

No Yes

26. Do you understand your responsibilities under the Tenancy Guarantee?

No Yes

27. Do you agree to repay any Tenancy Guarantee debt?

No Yes

DECLARATIONS

In order for your application to be processed, you need to give the Community Housing Provider and Housing NSW permission to use your personal information. This is a requirement under Section 71 of the Housing Act 2001 and the Privacy and Personal Information Protection Act 1998.

Under the Housing Act 2001, a fine of \$2,200 applies for making a false statement or representations. Housing NSW may refuse further assistance or prosecute anyone who makes any wilfully false statements as a result of which they obtain accommodations, or financial benefit of any kind. Please read and sign the declarations and consents below.

28. Permission to Community Housing Provider and Housing NSW:

- I give the Community Housing Provider and Housing NSW permission to collect, use, store and disclose personal information about me in order to process this application.
- I also give the Community Housing Provider and Housing NSW permission to collect, use, store and disclose personal information about me from any third party in order to process this application.

Declaration and Consent:

- I have understood the instructions given on this application form.
- I declare that the information provided in this form is correct to the best of my knowledge.
- I understand there are penalties for giving false or misleading information.
- I consent to the collection, use, storage and disclosure of my personal information for the purposes of this application.

Applicant 1, full name (please print):			
Signed:		Date:	/ /
Applicant 2, full name (please print):			
Signed:		Date:	/ /

29. Declaration and consent from other persons named on the application

Full name (please print):			
Signed:		Date:	/ /
Full name (please print):			
Signed:		Date:	/ /

33. Did another person help the applicant to fill out this form? No Yes – *That person should read and sign the declaration below*

34. Declaration from person assisting or completing this application on behalf of the applicant:

- I filled in this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Full name (please print):			
Signed:		Date:	/ /

Privacy and Personal Information

- Your personal information is protected by law. The information you provide is needed to assess your eligibility for a Tenancy Guarantee.
- The Community Housing Provider and Housing NSW will only use the information you provide for the purpose of processing your application. We may give some of your personal information to other agencies, if necessary, provided you have signed where indicated on this form to give us permission. If you do not give us your permission at item 29 to use your personal information, we may not be able to process your application.
- Please read the Notice below which details how we will use your information.

Notice

This is a notice under the Privacy and Personal Information Protection Act 1998 (PPIP Act) and the Health Records and Information Privacy Act 2002 (HRIP Act), which govern the collection, security, use and disclosure of personal information and health information respectively. The Community Housing Provider and Housing NSW collect personal information (including health information) in order to provide services to you. The supply of the information by you is voluntary. If you cannot or do not wish to provide the information, the Community Housing Provider and Housing NSW may be unable to process your application. The intended recipients of your information include those involved in the administration of your housing application or any others who may have an interest in considering your application or tenancy including where relevant the Aboriginal Housing Office, the Office of Community Housing or a community housing organisation, or Housing Appeals Committee and survey companies for the purpose of determining client satisfaction and related long term service enhancement. The Community Housing Provider and Housing NSW may disclose information to other government agencies or statutory bodies for purposes including child protection, health reasons, law enforcement and investigation, where authorized to do so under the PPIP act, HRIP Act, or by another Act or law. You have a right of access to, and correction of, your personal information held by the Community Housing Provider and Housing NSW to ensure it is accurate and not misleading. If you have any questions about privacy and your personal information, please contact your local the Community Housing Provider.

SECTION 5: OFFICE USE ONLY

Complete the questions below. **Send this section (5) together with sections 1 and 2** (and additional household members section and Form B if applicable) to the Housing Contact Centre to register the details and generate a Tenancy Guarantee reference number. Fax to 9612 6392 or email to HCC-tenancyguarantees@housing.nsw.gov.au

Eligibility & decision outcome

1. Does the client already have a Tenancy Guarantee? No Yes
2. Does the client owe money on any previous or current Tenancy Guarantees? No Yes
3. What is the maximum rent that the client can afford? \$
4. Where did the client spend last night/where currently housed?
5. Has the client agreed to the terms and conditions of the Tenancy Guarantee? No Yes
6. What was the approximate length of time you spent assessing this application for a Tenancy Guarantee? Hours Minutes

Reason applicant is seeking a Tenancy Guarantee:

Tick <i>one or more</i> (as applicable) of the following:		
<input type="checkbox"/> Lack of tenancy history – first time private market	<input type="checkbox"/> Lack of tenancy history – leaving home violence	<input type="checkbox"/> Lack of tenancy history – recent arrival
<input type="checkbox"/> Listed on tenant database (TICA)	<input type="checkbox"/> Poor tenancy history – damage to property	<input type="checkbox"/> Poor tenancy history – rent arrears
<input type="checkbox"/> Discrimination - Aboriginality	<input type="checkbox"/> Discrimination – criminal justice	<input type="checkbox"/> Discrimination – culture/race
<input type="checkbox"/> Discrimination – disability/illness	<input type="checkbox"/> Discrimination – family size/composition	<input type="checkbox"/> Other (specify)

7. Is the client eligible for a Tenancy Guarantee? No Yes

Reason application declined:

Tick <i>one or more</i> (as applicable) of the following reasons:		
<input type="checkbox"/> Does not meet Department of Housing income eligibility requirements	<input type="checkbox"/> Unable to afford private sector tenancy at this time	<input type="checkbox"/> Previous TG debt
<input type="checkbox"/> No evidence of seeking private rental	<input type="checkbox"/> Unable to sustain private sector tenancy at this time	<input type="checkbox"/> Current active TG

Provider Details

Assessing officer's signature	Date: / /
Assessing officer's name	
Name of Community Housing Provider	
Community Housing Provider code number	
Contact telephone number	
Contact email address	

SECTION 6: ADDITIONAL HOUSEHOLD MEMBERS

Additional Person 1:

Last name or family First name:

Date of birth: / / Age: Sex M/F Country of birth:

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes (Aboriginal) Yes (Torres Strait Islander)

Type of income: Amount of income (gross p/w): \$

Additional Person 2:

Last name or family First name:

Date of birth: / / Age: Sex M/F Country of birth:

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes (Aboriginal) Yes (Torres Strait Islander)

Type of income: Amount of income (gross p/w): \$

Additional Person 3:

Last name or family First name:

Date of birth: / / Age: Sex M/F Country of birth:

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes (Aboriginal) Yes (Torres Strait Islander)

Type of income: Amount of income (gross p/w): \$

Additional Person 4:

Last name or family First name:

Date of birth: / / Age: Sex M/F Country of birth:

Aboriginal or Torres Strait Islander?
(Tick both 'yes' boxes if both Aboriginal and Torres Strait Islander) No Yes (Aboriginal) Yes (Torres Strait Islander)

Type of income: Amount of income (gross p/w): \$

FORM B – INCOME FROM EMPLOYMENT

Note: To be completed by the employer.

- Do not use white out on this form
- Any changes must be initialled by the employer.

Income from Employment

1. Name of worker

Title: Mr Mrs Ms Miss Other
 Last name or family name: First name:

2. Home address of worker

Address: Post code:

3. Employed by

4. Employment commenced on

Pay period start: name: / / Pay period end: / /

5. Gross (before tax) salary or wages as stated for the above period or salary sacrifice or fringe benefit \$

6. Amount of salary sacrifice per week \$

7. What is the salary sacrifice?

Details:

8. State the amount of monetary reimbursement for any travel expense incurred by the employee during the past 26 weeks if any \$

9. State the amount of monetary reimbursement for any salary sacrifice or fringe benefit incurred by the employee during the past 26 weeks if any \$

10. Current gross (before tax) weekly wage earnings of the worker \$

11. Amount of fringe benefit per week \$

12. What is the fringe benefit?

Details:

13. Number of days lost without pay

Declaration

Declaration:

- I declare these details are correct.

Employer's name:

Contact phone number: Date: / /

Employer's signature:

Company stamp or seal: