



# Application for Housing Assistance

A range of housing assistance is provided by the Department of Communities (Housing and Homelessness Services) to eligible Queenslanders for the duration of their housing need. The types of housing assistance available include departmentally-managed housing, long term community housing and Indigenous Council community housing on discrete Indigenous communities.

## How to apply for housing assistance:

You can apply in the following ways:

- You can contact your nearest Housing Service Centre to arrange an appointment to discuss your eligibility and housing needs. At the interview, you will need to complete and sign an Application for Housing Assistance form. Housing staff will advise which documents you need to bring to the interview, for example, proof of identification forms, evidence of your household's income and assets, evidence of citizenship or residency, evidence of any specific housing needs, etc.
- OR**
- You can complete this application form and send it to your nearest Housing Service Centre. You will then be contacted to arrange an appointment to discuss your application.
- OR**
- You can apply to long term community housing providers and affordable housing providers who will then send the application to the Department of Communities (Housing and Homelessness Services) on your behalf.
- OR**
- If you are living on one of the 34 discrete Indigenous communities, and you are applying to live on the same Indigenous community, in Indigenous Council community housing, you can contact your Council housing officer or your nearest Housing Service Centre to discuss lodging an application.

Please note: For housing assistance through the Community Rent Scheme or Community-managed Housing – Studio Units program, you should apply directly, completing an application form with the Community-managed Housing – Studio Units program or Community Rent Scheme provider. The provider can give you a copy of your application form which you may then lodge with the department.

If you have already applied with the Department Communities (Housing and Homelessness Services) you can give a copy of this application form to the Community-managed Housing – Studio Units program or Community Rent Scheme provider.

## Important information

- Lodgement of an application for housing assistance is not a guarantee that the Department of Communities (Housing and Homelessness Services) will be able to assist you. Your eligibility and level of housing need and the type of housing assistance you are eligible for will be assessed based on the information you provide at the interview and/or in this application form.
- You must be eligible for housing assistance both at the time of this application and continue to be eligible until being offered assistance.
- Fact sheets on eligibility for housing assistance are available from any Housing Service Centre or from the department's website at: [www.communities.qld.gov.au/housing](http://www.communities.qld.gov.au/housing)

## If you wish to complete this application form:

- Read all the questions carefully and complete this application in full.
- Write in block letters (for example: JOHN SMITH).
- Show your answer with a tick, where there are Yes/No boxes (for example ).
- Attach any supporting documentation if required. Provide proof of income and assets for each person with an independent income, for example, Centrelink Income Statement, Employers Declaration, etc.
- Sign the declaration, and bring in necessary identification with this application form or have necessary identification signed by a witness if you are mailing this application form.
- Have this application form sighted and signed by an appropriate witness.

What is your first language spoken at home?

Do you require an interpreter for an interview?

Yes

No

If you would like to talk about your application in a language other than English, we can arrange for an interpreter to assist you. We can also arrange a signing interpreter for people with hearing difficulties. Please tick the box below if you would like us to arrange either of these services.

Language interpreter

Signing interpreter

Language

**Arabic / عربي**

إذا كنت بحاجة إلى مترجم شفوي لمساعدتك في ملء هذه الإستمارة، الرجاء الإتصال بمكتب الخدمات الإسكانية في منطقتك.

**Bosnian / Bosanski**

Ukoliko trebate prevodioca da vam pomogne da ispunite ovaj formular, molimo da stupite u vezu sa lokalnom Službom za stambene poslove (Housing Services).

**Chinese / 中文**

如果你需要传译员帮助填写这份表格，请与你本区的房屋服务办公室联络。

**Croatian / Hrvatski**

Ako vam je pri popunjavanju ovog obrasca potrebna pomoć tumača, molimo obratite se mjesnom Uredu za stambena pitanja (Housing Services).

**Dari / دری**

اگر بمنظور خانه پری کردن این فورم به یک ترجمان ضرورت دارید. لطفاً با نزدیکترین دفتر خدماتی مسکن تماس بگیرید.

**Khmer / ខ្មែរ**

ប្រសិនបើលោកអ្នកត្រូវការអ្នកបកប្រែភាសាដើមដើម្បីជួយលោកអ្នកក្នុងការសរសេររបៀបពេញស្របនេះ សូមទាក់ទង Housing Services Office (ការិយាល័យនៃក្រសួងកិច្ចបម្រើផ្នែកទីលំនៅ) ។

**Lao / ລາວ**

ຖ້າທ່ານຕ້ອງການນາຍພາສາຊ່ວຍປະກອບໃບຄໍາຮ້ອງ, ກະລຸນາຕິດຕໍ່ ຫ້ອງການບໍລິການເຄາະສາຖານ (Housing Services) ທີ່ຢູ່ໃກ້ທ່ານ.

**Persian / فارسی**

چنانچه برای تکمیل نمودن این فرم به یک مترجم احتیاج دارید، لطفاً با نزدیکترین دفتر خدمات مسکن تماس حاصل نمایید.

**Polish / Po Polsku**

Osoby, które do wypełnienia tego formularza potrzebują pomocy tłumacza, proszone są o skontaktowanie się z najbliższym Urzędem Mieszkaniowym (Housing Services).

**Russian / Русский**

Если Вам необходим переводчик при заполнении данной формы, просим Вас обращаться в ближайшее отделение Службы жилищного хозяйства (Housing Services).

**Samoan / Samoan**

Afai e te manaomia se faamatalaupu e fesoasoani ia oe i le faatumuina o le pepa lenei, faamolemole faafesoatai le ofisa o Auaunaga mo Fale (Housing Services) pito lata ane i lo outou pitonuu.

**Serbian / Српски**

Уколико вам је потребна помоћ преводиоца како бисте испунили овај формулар, молимо контактирајте локалну Службу за стамбене послове (Housing Services).

**Spanish / Español**

Si necesita un intérprete para poder completar este formulario, póngase en contacto con la oficina del Servicio de Vivienda (Housing Services) de su zona.

**Filipino / Tagalog**

Kung kailangan mo ng isang interprete upang makumpleto ang pormang ito, makipag-alam sa iyong pinakamalapit na opisina ng Mga Serbisyo sa Pabahay (Housing Services).

**Vietnamese / Tiếng Việt**

Nếu quý vị cần thông dịch viên để giúp điền đơn này, xin liên lạc với văn phòng Dịch Vụ Gia Cư (Housing Services) gần nhất.

**1 What type of social housing do you want to apply for? (Please tick  applicable boxes).**

- Departmentally-managed housing (social housing provided directly by the department, including Aboriginal and Torres Strait Islander housing)
- Community-managed housing (social housing provided and managed by registered housing providers, including affordable housing)
- Both departmentally-managed housing and community housing.
- Indigenous Council community housing on one of the 34 discrete Indigenous communities in Queensland.

Note: if you want to apply for Indigenous Council housing on a discrete Indigenous community only, you must be already living on that same Indigenous community. If you are not already living on the community you want to apply for, you must also list for housing in other locations.

## 2 Do you need assistance when making decisions?

Is there a person who assists you to make decisions, or who makes decisions on your behalf in regard to personal, lifestyle, or financial matters? This person might be a formally appointed guardian and/or an administrator or a family member, friend or advocate.

Yes  No



If yes, please complete and attach one of these forms which are available from your nearest Housing Services office:

- PRH005-1: 'Formal Guardian and/or Administration Details', if you have a Guardian and/or Administrator formally appointed by the Guardianship and Administration Tribunal (GAAT), or
- PRH005-2: 'Informal Decision-maker Details', if you have a family member, friend or advocate acting in the capacity of an informal guardian and/or administrator.

## 3 Your address and contact details.

What is your current address?

Postcode

What is your mailing address?

Postcode

Telephone (include area code)

Private

Business

Mobile

Note – the department may also send you information by SMS (text messages).

Email

Please indicate the way you would prefer the department to contact you (e.g. telephone, letter, SMS, email. Note - you can list more than one way).

You must advise us of any change to this address or your application may be cancelled.

## 4 Please provide the name of a relative, friend or organisation with a different address to you, whom the department could contact if unable to contact you directly.

Person/organisation

Address

Postcode

Telephone (include area code)

Private/Mobile

Business

## 5 Are you, or any person to be housed with you, currently living in a Department of Communities (Housing and Homelessness Services) rental property?

Yes

No

If yes, name of person

Address of property

Account number (if known)

Date occupied (if known)

**6** Are you, or any person to be housed with you, currently living in community-managed housing? Yes  No

If yes, name of person

Address of property

Household member role

Name of the community housing provider

Date occupied (if known)

**7** Are you, or any person to be housed with you, currently living in Indigenous Council community housing? Yes  No

If yes, name of person

Which Indigenous community?

Address of property

Household member role

Date occupied (if known)

**8** Have you, or any person to be housed with you, applied for or been assisted in the past in Queensland with:


|   | First time                   |                             | Second time                  |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Public rental housing                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aboriginal and Torres Strait Islander housing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bond loan assistance                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Housing loan assistance                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Community-managed housing                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Indigenous community housing                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Indigenous Council community housing          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'yes', name of person/s

Address of property

Date vacated property  Account number (if known)

Name of community or local government (including Indigenous Councils) housing provider

 **If there is not enough space, please provide similar details for each person and occasion on a separate page and attach to the back of this application.**

**9** Have you, or any person to be housed with you, been known by another name/s in the past? Yes  No

(e.g. name changed by deed poll, marriage or divorce)

If yes, please list the name of each person and their past names

## 10 Household member details

Please provide details of all of the people to be housed. Please include all adults and children.

| Household member   | 1         | 2 | 3 | 4 |
|--|-----------|---|---|---|
| Title  |           |   |   |   |
| Surname  |           |   |   |   |
| First name/s   |           |   |   |   |
| Middle name  |           |   |   |   |
| Date of birth  |           |   |   |   |
| Male/female  |           |   |   |   |
| Relationship to applicant  | Applicant |   |   |   |
| Centrelink's Customer Reference Number (CRN) or Department of Veteran Affairs (DVA) Reference Number |           |   |   |   |

We are committed to improving housing outcomes for Indigenous people. The following information is collected for reporting and planning purposes and/or to determine your eligibility for housing assistance.

Please indicate if you are of: (Please tick  one or more of the following options)

|   |  |  |  |  |
|---|--|--|--|--|
| Aboriginal origin                         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Torres Strait Islander origin             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Australian South Sea Islander origin      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Another cultural or linguistic background | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| None of the above                         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

What is your residency status in Australia?

|   |  |  |  |  |
|---|--|--|--|--|
| Australian citizen  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Permanent resident  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a permanent protection visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a Resolution of Status visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| On a Bridging Visa and have applied for a permanent protection visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| On a Bridging Visa and have applied for a Resolution of Status visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have applied for permanent residency                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a Temporary Protection Visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Not a permanent resident  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

 You must provide evidence of your residency status e.g. Birth Certificate from an Australian State or Territory, Australian Passport, Australian Citizenship certificate or documents from Department of Immigration and Citizenship (DIAC) verifying your citizenship status (e.g. letter detailing residency or visa status or Certificate of Resident Status or Certificate of Identity etc), or permanent residency stamp in applicant's Passport etc.

**10**

**Household member details**

Use this page for additional household members.

| Household member   | 5 | 6 | 7 | 8 |
|--|---|---|---|---|
| Title  |   |   |   |   |
| Surname  |   |   |   |   |
| First name/s   |   |   |   |   |
| Middle Name  |   |   |   |   |
| Date of birth  |   |   |   |   |
| Male/female  |   |   |   |   |
| Relationship to applicant  |   |   |   |   |
| Centrelink's Customer Reference Number (CRN) or Department of Veteran Affairs (DVA) Reference Number |   |   |   |   |

We are committed to improving housing outcomes for Indigenous people. The following information is collected for reporting and planning purposes and/or to determine your eligibility for housing assistance.

Please indicate if you are of: (Please tick  one or more of the following options)

|   |  |  |  |  |
|---|--|--|--|--|
| Aboriginal origin                         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Torres Strait Islander origin             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Australian South Sea Islander origin      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Another cultural or linguistic background | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| None of the above                         | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**What is your residency status in Australia?**

|   |  |  |  |  |
|---|--|--|--|--|
| Australian citizen  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Permanent resident  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a permanent protection visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a Resolution of Status visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| On a Bridging Visa and have applied for a permanent protection visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| On a Bridging Visa and have applied for a Resolution of Status visa | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have applied for permanent residency                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Holder of a Temporary Protection Visa                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Not a Permanent resident  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

 You must provide evidence of your residency status e.g. Birth Certificate from an Australian State or Territory, Australian Passport, Australian Citizenship certificate, documents from Department of Immigration and Citizenship (DIAC) verifying your citizenship status (e.g. letter detailing residency or visa status or Certificate of Resident Status or Certificate of Identity etc), or permanent residency stamp in applicant's Passport etc

# 11

## Household income and asset information

Please provide details of all of the income and asset information for each household member.



Please attach evidence of your income and assets to the back of this application.

| Household member  | 1  | 2  | 3  | 4  |
|---|----|----|----|----|
| Surname   |    |    |    |    |
| First name/s  |    |    |    |    |
| Income \$   | \$ | \$ | \$ | \$ |
| Income type (wages, pension, allowance, family payments)      |    |    |    |    |
| Other income (for example, maintenance, superannuation, etc.) |    |    |    |    |

| Do you own or part own property either in Australia or overseas?                                |  |  |  |  |
|---|--|--|--|--|
| Residential (including a house, flat, unit, townhouse)  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vacant land (including residential, commercial or industrial, etc.)                             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Live-aboard boat, caravan, mobile home or transportable home permanently connected to utilities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Industrial property   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Commercial property   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If yes to any of the above, complete the information below and attach all documentation to the back page.

Name of person who owns or part owns the property

Address of property

Postcode

Amount of property owned e.g. 50%

Current value of the property \$  Date of ownership  /  /

Is the property mortgaged? Yes  No  If yes, amount of mortgage owing \$

Details of the property ownership

# 11 Household income and asset information continued

Use this page for additional household members if required.



Please attach evidence of your income and assets to the back of this application.

| Household member  | 5  | 6  | 7  | 8  |
|---|----|----|----|----|
| Surname   |    |    |    |    |
| First name/s  |    |    |    |    |
| Income \$   | \$ | \$ | \$ | \$ |
| Income type (wages, pension, allowance, family payments)      |    |    |    |    |
| Other income (for example, maintenance, superannuation, etc.) |    |    |    |    |

| Do you own or part own property either in Australia or overseas?                                |  |  |  |  |
|---|--|--|--|--|
| Residential (including a house, flat, unit, townhouse)  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vacant land (including residential, commercial or industrial, etc.)                             | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Live-aboard boat, caravan, mobile home or transportable home permanently connected to utilities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Industrial property   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Commercial property   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |



If yes to any of the above, complete the information below and attach all documentation to the back page.

Name of person who owns or part owns the property

Address of property

Postcode

Amount of property owned e.g. 50%

Current value of the property \$  Date of ownership  /  /

Is the property mortgaged? Yes  No  If yes, amount of mortgage owing \$


Details of the property ownership





## 12 Household income and asset information continued

Please provide details of the income and asset information for each household member.

 Please attach evidence of your income and assets to the back of this application.

| Household member  | 1  | 2  | 3  | 4  |
|---|--|--|--|--|
| <b>Do you have any cash or money in any banks, building societies or credit unions, including interest free accounts, or any interest bearing deposits or fixed deposits?</b>  If yes to any listed, please attach all documentation to the back page. |  |  |  |  |
| <b>Balance of cash and bank accounts (including bank, building society, credit union and interest free accounts)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Deposits (interest bearing deposits, fixed)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |


| <b>Do you have any bonds, debentures, shares, property trusts, friendly society bonds or managed investments?</b><br> If yes to any listed, please attach all documentation. |  |  |  |  |
|---|--|--|--|--|
| <b>Bonds</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Debentures</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Shares</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Property Trusts</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Managed investments including friendly society bonds</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |


| <b>Have you received any superannuation payments in the form of a lump sum or an allocated pension?</b><br> If yes to any listed, please attach all documentation. |  |  |  |  |
|---|--|--|--|--|
| <b>Superannuation (please only provide this if you have reached your preservation age)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Preservation age table</b>   | <b>Date of birth</b>   |  | <b>Preservation age</b>                                  |  |
|   | Before 1 July 1960<br>1 July 1960 – 30 June 1961<br>1 July 1961 – 30 June 1962<br>1 July 1962 – 30 June 1963<br>1 July 1963 – 30 June 1964<br>After 30 June 1964 |  | 55<br>56<br>57<br>58<br>59<br>60                         |  |


| <b>Have you received a share of a property settlement or sale of a property?</b> |  |  |  |  |
|--|--|--|--|--|
| <b>Sale of a property</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  | \$   | \$   | \$   | \$   |
| <b>Share from a property settlement</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  | \$   | \$   | \$   | \$   |


## 12 Household income and asset information continued

Use this page for additional household members if required.

 Please attach evidence of your income and assets to the back of this application.

| Household member  | 5  | 6  | 7  | 8  |
|---|--|--|--|--|
| <b>Do you have any cash or money in any banks, building societies or credit unions, including interest free accounts, or any interest bearing deposits or fixed deposits?</b>  If yes to any listed, please attach all documentation to the back page. |  |  |  |  |
| <b>Balance of cash and bank accounts (including bank, building society, credit union and interest free accounts)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Deposits (interest bearing deposits, fixed)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |

| <b>Do you have any bonds, debentures, shares, property trusts, friendly society bonds or managed investments?</b><br> If yes to any listed, please attach all documentation. |  |  |  |  |
|---|--|--|--|--|
| <b>Bonds</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Debentures</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Shares</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Property Trusts</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Managed investments including friendly society bonds</b>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |

| <b>Have you received any superannuation payments in the form of a lump sum or an allocated pension?</b><br> If yes to any listed, please attach all documentation. |  |  |  |  |
|---|--|--|--|--|
| <b>Superannuation (please only provide this if you have reached your preservation age)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|   | \$   | \$   | \$   | \$   |
| <b>Preservation age table</b>   | <b>Date of birth</b>   |  | <b>Preservation age</b>                                  |  |
|   | Before 1 July 1960<br>1 July 1960 – 30 June 1961<br>1 July 1961 – 30 June 1962<br>1 July 1962 – 30 June 1963<br>1 July 1963 – 30 June 1964<br>After 30 June 1964 |  | 55<br>56<br>57<br>58<br>59<br>60                         |  |

| <b>Have you received a share of a property settlement or sale of a property?</b> |  |  |  |  |
|--|--|--|--|--|
| <b>Sale of a property</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  | \$   | \$   | \$   | \$   |
| <b>Share from a property settlement</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|  | \$   | \$   | \$   | \$   |

**13** Are any of the household members on the application expecting a child? Yes  No

If yes, name of the person/s

Expected date of delivery (due date)

Note – a letter from their doctor is required.

**14** Are you applying for housing assistance on any of the following grounds?

Note - please tick  all grounds which apply to your household.

- |  |   |
|--|---|
| <input type="checkbox"/> Referral from the Department of Health – Housing and Support Program (HASP) for clients with mental illness   | <input type="checkbox"/> Referral from the Department of Communities (Child Safety Services) as the safety of a child in your care is at risk |
| <input type="checkbox"/> Referral under the Spinal Cord Injury Response (SCIR) – Princess Alexandra Hospital Brisbane  | <input type="checkbox"/> You are in contact with the Communities (Child Safety Services) for assistance with your family                      |
| <input type="checkbox"/> Referral from Department of Communities (Disability Services) – Housing with Shared Support (HwSS) program to fill an individual vacancy in an existing household | <input type="checkbox"/> You are exiting a correctional facility  |
| <input type="checkbox"/> Referral from Department of Communities (Disability Services) – Housing with Shared Support (HwSS) program to be a member of a new household                      | <input type="checkbox"/> You have been the victim of a natural disaster affecting your current housing  |
| <input type="checkbox"/> Referral from Department of Communities (Disability Services) confirming a support package for the applicant to establish a new household                         | <input type="checkbox"/> You have been the victim of a major crime affecting your current housing   |
|  | <input type="checkbox"/> None of the above  |

**15** Which of the following best describes your current housing situation?

Note - you can tick  more than one if the people listed on your application are not currently living together.

- |  |  |
|--|--|
| <input type="checkbox"/> Public housing or Aboriginal and Torres Strait Islander housing   | <input type="checkbox"/> Boarding privately  |
| <input type="checkbox"/> Long term community housing   | <input type="checkbox"/> Private boarding house  |
| <input type="checkbox"/> Affordable housing (e.g. Brisbane Housing Company)  | <input type="checkbox"/> Hostel  |
| <input type="checkbox"/> Refuge, emergency or crisis housing   | <input type="checkbox"/> Caravan park  |
| <input type="checkbox"/> Transitional community housing (including Community Rent Scheme and Community–managed Housing – Studio Units program) | <input type="checkbox"/> Hotel/motel   |
| <input type="checkbox"/> Medical institution/facility or hospital and have no other housing to go to   | <input type="checkbox"/> Living on the street or sleeping in the park                              |
| <input type="checkbox"/> Correctional facility   | <input type="checkbox"/> Living or squatting in a derelict, makeshift or illegal building          |
| <input type="checkbox"/> Own home  | <input type="checkbox"/> Living with family or friends   |
| <input type="checkbox"/> Renting privately (including sharing a house/flat)  | <input type="checkbox"/> Living on a boat  |
|  | <input type="checkbox"/> Living in Indigenous Council community housing on an Indigenous community |

**16**

How many people live in your current housing? Please tick  the applicable box.

0    1    2    3    4    5    6    7   If more than 7, please state how many people live in your current housing.

How many bedrooms does your current housing have? Please tick  the applicable box.

0    1    2    3    4    5    6    7   If more than 7, please state how many bedrooms are in your current housing.

Please complete the following question if you are only applying to live on one of the 34 discrete Indigenous communities. If you are not only applying to live on the same Indigenous community that you are already living on, please go to Q17.

How many different family groups, or different household groups, live in your current housing?

**17**

Is everybody listed on this application currently living with you? Yes  No

If no, please list the name of each person not living with you and the reason why. Please also include the amount of rent they are paying for where they are living now and the amount of Rent Assistance they receive (if any).



Please attach evidence of the rent paid by the household members not living with you (e.g. rent receipts or letter from the landlord/lessor etc).

| Name of person | Reason why person is not currently living with you | Weekly rent/board | Weekly Rent Assistance received |
|----------------|--|-------------------|---------------------------------|
|                |  | \$ .00            | \$ .00                          |
|                |  | \$ .00            | \$ .00                          |
|                |  | \$ .00            | \$ .00                          |
|                |  | \$ .00            | \$ .00                          |
| <b>Total</b>   |  | \$ .00            | \$ .00                          |

**18**

For the people listed on the application who are living together now, what is the weekly rent or board payment that each person pays and the amount of Rent Assistance they receive (if any)?



Please attach evidence of the rent paid by the people listed on this application who are living together now (e.g. rent receipts or letter from the landlord/lessor etc).

|              | Weekly rent/<br>board | Weekly Rent<br>Assistance received |          | Weekly rent/<br>board | Weekly Rent<br>Assistance received |
|--------------|-----------------------|------------------------------------|----------|-----------------------|------------------------------------|
| Person 1     | \$ .00                | \$ .00                             | Person 5 | \$ .00                | \$ .00                             |
| Person 2     | \$ .00                | \$ .00                             | Person 6 | \$ .00                | \$ .00                             |
| Person 3     | \$ .00                | \$ .00                             | Person 7 | \$ .00                | \$ .00                             |
| Person 4     | \$ .00                | \$ .00                             | Person 8 | \$ .00                | \$ .00                             |
| <b>Total</b> |                       |                                    |          | \$ .00                | \$ .00                             |

**19**

**Are any of the people listed on your application having difficulties remaining in their current housing for any of the following reasons?**

**Note - please tick  all situations that apply to your household.**

- |  |   |
|--|---|
| <input type="checkbox"/> The boarding house has closed or is about to close  | <input type="checkbox"/> The family unit needs to reunite as they are currently living apart  |
| <input type="checkbox"/> The hostel has closed or is about to close  | <input type="checkbox"/> A household member's medical condition and/or disability is seriously aggravated by the current housing which cannot be readily modified to suit their needs |
| <input type="checkbox"/> The caravan park has closed or is about to close  | <input type="checkbox"/> The features of the current housing restrict household members from doing daily living activities (e.g. bathing, mobility)                                   |
| <input type="checkbox"/> Household is facing immediate eviction and has no other housing options   | <input type="checkbox"/> The current housing is overcrowded causing serious long term safety risks  |
| <input type="checkbox"/> You need to leave your current housing due to a domestic violence situation   | <input type="checkbox"/> The current housing lacks essential facilities (e.g. cooking, bathroom, water supply, heating, lighting etc)   |
| <input type="checkbox"/> You need to leave your current housing due to a risk of violence from another household member, neighbour or community member           | <input type="checkbox"/> The current housing's structural condition could lead to serious health and safety risks   |
| <input type="checkbox"/> There has been an irreversible family breakdown resulting in the person being asked to live elsewhere (not domestic violence situation) | <input type="checkbox"/> None of the above  |

**20**


**If anyone listed on the application needs access to a specific location, please tick  one or more of the options that best describes the reasons.**

**Note - please tick  all grounds which apply to your household.**



**Please attach evidence supporting the reason the applicant or household member requires access to a specific location. Talk to your nearest Housing Service Centre about the types of evidence required.**

- To gain or maintain regular access to a child or children in foster care
- To enable a child or children to be returned to the custody of a household member
- To gain or maintain regular access to a child or children who are in the custody or care of another person
- To prevent a child or children being removed from the custody of a household member
- To enable the shared care of a child or children
- To ensure access to a specialist educational facility
- To ensure access to a frequently needed medical facility or medical services required by a household member
- To ensure access to support services required by a household member for daily living activities
- To ensure access to accessible transport services
- To receive family or informal support on a regular basis that is necessary for daily living
- To take up a firm offer of permanent employment (not casual or temporary employment or a promotion)
- To relocate under the Structured Training and Employment Program (STEP) or Community Development Employment Program (CDEP) or other Commonwealth Government employment program for Indigenous people
- You are an Aboriginal and/or Torres Strait Islander person needing to move for cultural reasons
- You are an Aboriginal and/or Torres Strait Islander person who is already living on a discrete Indigenous community and you need to move to another house on the same Indigenous community for cultural reasons (e.g. a death in the family or house) or to be located away from other people of a different kin network.

**21****If you did not tick any of the reasons in Question 20, please go to Question 22.****If you did tick any of the reasons in Question 20, what are the required location/s you need access to?**Can you get to this location?  Yes (see below) No and there is no transport available**If yes, how do you get to the required location/s?**Public transport (trains, bus, taxi, ferry etc) Yes  No Own transport Yes  No Other transport (e.g. family/friends) Yes  No  If yes, please specify what type **22****If you are applying to live on an Indigenous community only, please go to Question 23.****What have you done to find alternative housing for your household?****Note - please tick  all attempts you have made.** Looked for private rentals through a real estate agent, listings in the paper or the internet Asked for assistance from other community agencies to find alternative housing Tried to rent a room or room/s in a shared household Looked for housing in caravan parks, mobile home parks or cabins Tried to gain housing on a long term basis with family and/or friends None of the above**23****Is the household having difficulty obtaining or sustaining a tenancy in the private rental market due to any of the following reasons?****Note – please tick  all reasons which apply to your household.** **Please attach evidence stating the nature of the disability or medical condition and detailing the difficulties the household or household member has had obtaining or sustaining a tenancy in the private market. The department's 'Housing Assistance Referral Form' can be completed by a support agency, referring agency or social worker etc and attached to your application. The form is available from your nearest Housing Service Centre.** Due to a household member having an intellectual disability Due to a household member having a physical disability Due to a household member having a medical condition Due to a household member being frail/aged Due to a household member having a mental illness

**24****Is the household having difficulty obtaining housing in the private market because of any of the following reasons?****Note - please tick  all reasons which apply to your household's attempts to find suitable housing.**

- Lack of housing available with suitable modifications for your household's needs
- Lack of housing available which is affordable for your household
- Lack of housing available with enough bedrooms for your household
- Lack of properties to rent
- Lack of properties with critical features (e.g. secure fencing for children with disabilities, ground floor access or with no stairs etc)
- The household does not have any previous rental history or referees
- A household member has a poor tenancy history either with the department or in the private market (e.g. listed on TICA)
- The private rental applications you lodged were unsuccessful due to the personal attributes of the applicant (e.g. personal appearance/characteristics)
- The household has no money to purchase essential household items (e.g. a fridge)
- The household has no money to move
- The household has no personal transport and cannot access public transport
- You have been unable to find suitable housing due to your household's structure (e.g. due to the size of your household)

**25****Have you had three or more tenancies in the last three years?**Yes No **If yes, were you evicted, or was the tenancy terminated, in two of the last three tenancies for any of the following reasons?****Note - please tick  all of the reasons which best describe why the tenancies ended.**

- You owed rent arrears due to unaffordable rent
- One or more of the tenancies was short term only (ie a tenancy less than 12 months long) and you were asked to vacate at the end of each tenancy
- You or a household member has impaired capacity due to a medical condition or disability and this contributed to property damage occurring and/or your failure to keep the property clean and tidy as required by the terms of your tenancy agreement
- Objectionable behaviour - you or a household member has impaired capacity due to a medical condition or disability and this contributed to the objectionable behaviour occurring

**26****If you are applying to live on an Indigenous community only, please go to Question 27****Where do you want to live?**

You must list six areas/suburbs in Queensland where we have properties. If you have advised of a specific locational requirement in Q20 and Q21, please only list this location. For more information on the areas where housing is located, please talk to your nearest Housing Service Centre.

Choice 1 Choice 4 Choice 2 Choice 5 Choice 3 Choice 6 

*Please note: the requirement to list for six areas does not apply in rural or remote areas. However, you should list for as many suburbs/areas or towns as possible within a reasonable distance from the area you are applying for.*

*You must be willing to live in housing that first becomes available from any of the areas/suburbs you list for.*

**27**

**If you are not applying to live on an Indigenous community only, please go to Question 28.**

If you already live on a discrete Indigenous community and are only applying to live on the same community in Indigenous Council community housing - which Indigenous community do you want to remain on?

**28**

**What types of housing do you want to apply for?**

You will be advised of the type of housing you are entitled to/eligible for. You may tick more than one type (e.g. townhouse, apartment/flat/unit and duplex). By ticking more than one housing type, your housing options are increased and you will then be considered for available housing within all of these housing types, provided you are eligible for them. We will make every effort to offer you the type of housing you have requested and are eligible for, however this cannot be guaranteed.

If you are applying through a community organisation, you may not have all these choices.

- Townhouses* have three or more units next to each other with one to four bedrooms each, divided by common walls. These can be either single or double-storey and usually have small fenced yards.
- Detached houses* are one house with two or more bedrooms on its own block of land.
- Apartment/flat/unit* is usually in a complex of two or more storeys with one to three bedrooms each. They do not have a separate yard.
- Duplexes* are usually two units with one to three bedrooms, each on one block of land, divided by a common wall. These may be in groups of two to four.
- Seniors units* are only available to applicants over 55 years of age and are usually in a complex of one to two storeys with one to two bedrooms each.
- Cluster housing* is a number of separate homes with two to four bedrooms each, located within a housing development.

**Housing with more than four bedrooms is limited.**

**Do you require low-set housing?** Yes  No

**29**

**Do you or any person to be housed with you, currently have a pet/s?** Yes  No

**Do you, or any person to be housed with you, plan to have a pet/s?** Yes  No

If yes, please provide details

**30**

**Is there any further information which you feel is relevant to your application?**



Please provide details on a separate page if there is not enough space.



**Declaration** – you must complete and sign this application form in accordance with the requirements set out below.

**I understand:**

- the instructions given on this form and note the Privacy Notice below,
- this form will be used by the Department of Communities (Housing and Homelessness Services) to register my application for housing assistance, provided I am eligible for it,
- that my personal information may be given to non-government agencies to provide me with housing and/or support services,
- that I may become ineligible for housing assistance 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 understand:**

- that I have to offer at least one item from both the primary and secondary list of items below as proof of my identity (one must show a Queensland address, applicant’s signature and date of birth):

Primary

- Full birth certificate or extract of birth certificate
- Passport
- Driver’s licence with photograph
- 18 plus card with photograph
- Queensland shooter’s licence with photograph
- Immigration papers or other documents issued by the Commonwealth Department of Immigration, Multicultural and Indigenous Affairs
- Naturalisation or citizenship certificate

Secondary

- Bank, credit card or ATM card with your signature
- Recent bank statements, bank book, credit union or building society statement showing recent transactions
- Apprenticeship indenture papers
- Other recognised photographic I.D. (e.g. security identification, Cash Converters Card)
- Original Australian marriage certificate or divorce papers
- Life insurance policies
- Occupational registration documents
- Taxation Assessment Notice
- Pensioner Health Benefit Card or Centrelink’s Customer Reference Number (CRN) on their official document or correspondence
- Medicare Card
- Student Card with photograph

**Personal Information Privacy Notice**

The Department of Communities is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: partner agencies, service providers, agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will provide you with housing and/or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. More information about the department’s privacy policy is available on our website at [www.housing.qld.gov.au/footer/privacy.htm](http://www.housing.qld.gov.au/footer/privacy.htm)

**Declaration**

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I understand that I will commit an offence and be liable to a penalty under the *Housing Act 2003* if I knowingly provide to the Department of Communities false or misleading information that may influence decisions about my eligibility for housing services and may make my application invalid.

|                           |  |  |          |  |  |  |
|---------------------------|--|--|----------|--|--|--|
| Name of applicant/s       | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Date     | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Signed by the applicant/s | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Date     | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Full name of witness      | <input style="width: 95%;" type="text"/> |  | Position | <input style="width: 95%;" type="text"/> |  |  |
| Signature                 | <input style="width: 95%;" type="text"/> |  | Date     | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

**The witness must be either a Justice of the Peace/Commissioner for Declarations or a Solicitor or an officer of the Department of Communities (Housing and Homelessness Services) or an executive officer of a registered community housing provider. The witness must also sign two of the identification items for each applicant.**

## Declaration for people completing this form on behalf of the applicant

This form has been filled out with the information the applicant/s supplied to me. I have drawn the applicant's attention to the contents of this form, including item 31, and I believe the applicant understands the contents.

|      |                      |        |                      |      |                                |                                |                                |
|------|----------------------|--------|----------------------|------|--------------------------------|--------------------------------|--------------------------------|
| Name | <input type="text"/> | Signed | <input type="text"/> | Date | <input type="text" value="/"/> | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Name | <input type="text"/> | Signed | <input type="text"/> | Date | <input type="text" value="/"/> | <input type="text" value="/"/> | <input type="text" value="/"/> |

## Attachments



Please attach documents here if requested in this application.

For example:

- Formal Guardian and/or Administration Details (question 2)
- Informal Guardian and/or Administration Details (question 2)
- Additional details from question 8
- Evidence of income and assets (questions 10, 11 and 12)
- 'Medical/Disability Information Form' (question 19 and question 23)
- Evidence to support question 13
- Evidence to support question 14
- Evidence to support question 15
- Evidence to support question 17
- Evidence to support question 18
- Evidence to support question 19
- Evidence to support question 20
- Copy of Warrant of Possession (question 19)
- Additional details from question 23
- Additional details from question 29