

Application No.

Date Received

Social Housing Application



Important information

Your eligibility for Council Housing Program will be assessed based on the information and the supporting documentation you provide with this application and in accordance with Council Housing Policies. If your circumstances change at any time, please notify our Properties and Facilities Team located at our NPARC Injinoo Office within 28 days of the changes.



Completing this application – have you:

- Answered all the questions with a tick where there are Yes/No boxes?
- Collected evidence and supporting documentation including proof of income and assets for each household member detailed in this application?
- Evidence of a 24 month residential term in the Northern Peninsula Area
- Had this application signed by a witness on the last page?
Alternatively, NPARC officers can witness this application if you are submitting it in person.

- Got identification ready for when you submit this application?
Alternatively, you can attach witnessed copies of your identification evidence if you are returning this application via post.

Other information

Email application to;
-reception.injinoo@nparc.qld.gov.au

Hand deliver application to;
Northern Peninsula Area Regional Council
57 McDonnell Street, Injinoo, QLD, 4876.

Contact Properties and Facilities Team at Injinoo on 0740 486 800

Application Assistance

What is your first spoken language?

Do you need an interpreter? If you speak in a language other than English, or have hearing difficulties, we can arrange for an interpreter to assist you.

Which interpreter do you require? Language, provide details:
 Signing

Do you need assistance when making decisions?

This may be a person that helps you to make decisions, or someone who makes decisions on your behalf about your personal, lifestyle or financial matters.

Yes No If yes,

which of the following.

Public Trustee Family, Friend or Advocate
 Office of the Public Guardian Power of Attorney
 Other, provide details:

Household Contact Details

Full name:

Preferred contact method? Email Letter Telephone SMS

Tick all that apply.

Current address:

Mailing address: As above

If different, detail below.

Telephone: Home: Mobile:

Work:

Email:

Alternative contact details? Name:

Provide details of an alternative contact person the Council could contact if they were unable to contact you directly. this may be a friend, relative or an organisation.

Address:

Telephone: Home:

Work:

Mobile:

Household member/s details

Note: If more than four household members, complete and attach 'Additional household member' forms before submitting this application.

Household member 1

Primary applicant full name:

Alias:

Any other name you may be known as.

Gender: Date of birth: Country of birth:

Do you identify as: Aboriginal Australian South Sea Islander
Tick all that apply. Torres Strait Islander Other cultural or linguistic background None

Centrelink reference number (CRN):

Department of Veteran Affairs reference number (DVA):

Citizenship/Residency details: Australian citizen Permanent resident
 Not permanent resident Visa - what type?

Are you expecting a child? Yes No
If yes, expected due date:

Do you have a medical condition or disability? Yes No
If yes, provide details:

What is your income? \$ Frequency: Type:
Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).
 \$ Frequency: Type:

What are your assets? \$ Type:
Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.
 \$ Type:

Do you own/part own property in Australia or overseas? Yes No
This could include residential, vacant land, industrial property, commercial property, live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.
If yes, what type:
Address:
% of property owned:
Current property value:
Ownership date:

What type of transport do you use? Own Other (family and friends)

Household member 2

What is your relationship with Household member 1?

Full name:

Alias:

Any other name you may be known as.

Gender: Date of birth: Country of birth:

Do you identify as: Aboriginal Australian South Sea Islander
Tick all that apply. Torres Strait Islander Other cultural or linguistic background None

Centrelink reference number (CRN):

Department of Veteran Affairs reference number (DVA):

Citizenship/Residency details: Australian citizen Permanent resident
 Not permanent resident Visa - what type?

Are you expecting a child? Yes No
If yes, expected due date:

Do you have a medical condition or disability? Yes No
If yes, provide details:

What is your income? \$ Frequency: Type:
Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).
\$ Frequency: Type:

What are your assets? \$ Type:
Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.
\$ Type:

Do you own/part own property in Australia or overseas? Yes No
This could include residential, vacant land, industrial property, commercial property, live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.
If yes, what type:
Address:
% of property owned:
Current property value:
Ownership date:

What type of transport do you use? Public Own Other (family and friends)

Household member 3

What is your relationship with Household member 1?

Full name:

Alias:

Any other name you may be known as.

Gender: Date of birth: Country of birth:

Do you identify as: Aboriginal Australian South Sea Islander
Tick all that apply. Torres Strait Islander Other cultural or linguistic background None

Centrelink reference number (CRN):

Department of Veteran Affairs reference number (DVA):

Citizenship/Residency details: Australian citizen Permanent resident
 Not permanent resident Visa - what type?

Are you expecting a child? Yes No
If yes, expected due date:

Do you have a medical condition or disability? Yes No
If yes, provide details:

What is your income? \$ Frequency: Type:
Gross amount and type (wages, pension, allowances, family payments, interest, superannuation). \$ Frequency: Type:

What are your assets? \$ Type:
Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement. \$ Type:

Do you own/part own property in Australia or overseas? Yes No
This could include residential, vacant land, industrial property, commercial property, live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.
If yes, what type:
Address:
% of property owned:
Current property value:
Ownership date:

What type of transport do you use? Public Own Other (family and friends)

Household member 4

What is your relationship with Household member 1?

Full name:

Alias:

Any other name you may be known as.

Gender: Date of birth: Country of birth:

Do you identify as: Aboriginal Australian South Sea Islander
Tick all that apply. Torres Strait Islander Other cultural or linguistic background None

Centrelink reference number (CRN):

Department of Veteran Affairs reference number (DVA):

Citizenship/Residency details: Australian citizen Permanent resident
 Not permanent resident Visa - what type?

Are you expecting a child? Yes No
If yes, expected due date:

Do you have a medical condition or disability? Yes No
If yes, please provide details:

What is your income?
Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).
\$ Frequency: Type:
\$ Frequency: Type:

What are your assets?
Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.
\$ Type:
\$ Type:

Do you own/part own property in Australia or overseas? Yes No
This could include residential, vacant land, industrial property, commercial property, live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.
If yes, what type:
Address:
% of property owned:
Current property value:
Ownership date:

What type of transport do you use? Public Own Other (family and friends)

Your need to move

Does your household need to move for any of the following reasons?

Tick all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> You are experiencing or at risk of domestic and family violence | <input type="checkbox"/> You are in crisis housing provided by a homelessness service | <input type="checkbox"/> You need to meet your or a household member's disability support needs |
| <input type="checkbox"/> You are experiencing or at risk of violence, abuse or harassment from a household or community member | <input type="checkbox"/> You are staying temporarily with family and/or friends and have no other housing to go to | <input type="checkbox"/> You are a long-term patient in a hospital or health facility and are ready to be discharged |
| <input type="checkbox"/> You have the safety of a child in your care at risk | <input type="checkbox"/> You are living on the street, in a car or park, makeshift shelter or illegal building | <input type="checkbox"/> You are experiencing a family or relationship breakdown |
| <input type="checkbox"/> You are in or have just been released from prison | <input type="checkbox"/> You are living in a boarding house, caravan park or hostel that has or is about to be closed | <input type="checkbox"/> You pay more than 30% of your gross household income in rent |
| <input type="checkbox"/> You are a young person (under 25 years old) currently in, exiting or exited State care | <input type="checkbox"/> You are being evicted or about to be evicted | <input type="checkbox"/> Your housing has been impacted by a natural disaster |
| <input type="checkbox"/> You are a young person in, exiting or exited a Youth Detention Centre | | <input type="checkbox"/> You are a victim of major crime that was committed in Queensland |

Is your current housing location unsuitable for any of the following reasons?

Tick all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Too close in proximity to the perpetrator of domestic violence against you | <input type="checkbox"/> Too far away from education or training services | <input type="checkbox"/> Does not enable family reunification |
| <input type="checkbox"/> Does not meet the conditions of a Court Order, Parole or Probation Order, Family Court Order, Domestic Violence Order, Child Protection Order | <input type="checkbox"/> Too far away from frequently required essential services – transport, medical, disability support for daily activities, transport to meet mobility requirements | <input type="checkbox"/> Does not enable you to gain or maintain regular access or custody to shared care of children |
| <input type="checkbox"/> Too far away from family and community support which impacts on the wellbeing of the household | <input type="checkbox"/> Distance does not allow you to accept a firm offer of employment – minimum 20 hours per week | <input type="checkbox"/> You are an Aboriginal or Torres Strait Islander person and need to move for cultural reasons |

Is your current housing unsuitable for any of the following reasons?

Tick all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Design restricts daily living activities – bathing, mobility, or seriously aggravates a medical condition or disability | <input type="checkbox"/> Size too small resulting in overcrowding | <input type="checkbox"/> Health and safety issues due to lack of essential facilities or poor structural conditions |
|--|---|---|

How much rent does the household currently pay per week?

Is everybody listed on this application currently living with you?

Yes

No

What type of accommodation is the household currently living in?

*Such as private rental, own home, caravan,
boarding house, temporary housing.*

Your financial wellbeing

Are you or another applicant experiencing any of the following situations?

Tick all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Unable to work and have high levels of living expenses beyond normal living costs related to a long-term or serious medical condition, or permanent and/or significant disability | <input type="checkbox"/> Multiple periods of unemployment | <input type="checkbox"/> Currently employed – |
| | <input type="checkbox"/> Long-term unemployment | <input type="checkbox"/> Part-time |
| | | <input type="checkbox"/> Full-time |
| | | <input type="checkbox"/> Casual |

Your wellbeing

Have any of the following affected you or your household's ability to access stable housing?

Tick all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> You or a household member have a permanent and significant disability | <input type="checkbox"/> Multiple unsuccessful private rental applications | <input type="checkbox"/> You have a history of homelessness |
| <input type="checkbox"/> You or a household member have a long-term or serious medical condition | <input type="checkbox"/> A limited number of or no suitable properties to meet needs - size, location or features | <input type="checkbox"/> Your safety is at risk |
| <input type="checkbox"/> You are experiencing or at risk of violence, abuse or harassment from another person or community member | <input type="checkbox"/> You have been evicted multiple times in the past three years for rent arrears, disruptive behaviour, relationship breakdown or property damage | <input type="checkbox"/> You are a young person at risk who requires a tailored response on your path to independence |

Your future housing

Where do you want to live?

You may be offered housing from any of the areas listed below.

Area 1:

Area 4:

Area 2:

Area 5:

Area 3:

Area 6:

What types of housing do you want to apply for?

More than one housing type can be applied for. We will make every effort to offer the type of housing that you have chosen and are eligible for. However, this cannot be guaranteed. Housing with four or more bedrooms are limited.

One-bedroom -
Single person -
Couple

Two- Bedroom
- 2 Single people sharing
- Single/Couple with 1 Child
- Single / Couple with 2 Children of same sex and less than seven years age difference, at the applicant's request.

Three-bedroom
- Single / Couple with 2 Children of same sex and less than seven years age difference, at the applicant's request.

Four-bedroom
- 4 single people sharing
- single/couple with 3-6 kids

Five-bedroom
- 5 single people sharing
- single/couple with 4-8 kids

Six-bedroom
- 6 single people sharing
- single/couple with 5-10 kids

Seven-bedroom
- 7 single people sharing
- single/couple with 6-12 kids

Do you need disability housing features for your home?

Yes No

If yes, provide details:

Do you have a live in carer?

Yes No

If yes, provide details:

Does the household have pets? Yes No

If yes, provide details:

Additional information you would like to provide?

Attach another page if necessary.

Evidence for your application

What identification evidence can you and other applicants provide?

Please tick all that apply.

Primary	Secondary
<input type="checkbox"/> Australian Birth Certificate or extract	<input type="checkbox"/> Bank, credit or ATM card with your signature
<input type="checkbox"/> Australian Naturalisation or Citizenship Certificate	<input type="checkbox"/> Bank, credit union or building society
<input type="checkbox"/> Australian Permanent Residency Certificate or stamp	<input type="checkbox"/> statements Centrelink correspondence with
<input type="checkbox"/> Immicard, Immigration or sponsorship papers	<input type="checkbox"/> CRN Medicare Card
<input type="checkbox"/> Temporary Protection Visa or stamp	<input type="checkbox"/> Apprentiship indenture papers
<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Seniors/Pensioner Card
<input type="checkbox"/> Australian Driver licence	<input type="checkbox"/> Taxation Assessment Notice
<input type="checkbox"/> Photograph identification card (Queensland Transport)	<input type="checkbox"/> Australian Marriage Certificate
<input type="checkbox"/> Adult Proof of Age Card until expiry (Queensland Transport)	<input type="checkbox"/> Australian divorce papers
<input type="checkbox"/> 18+ card until expiry (Queensland Transport)	<input type="checkbox"/> Other photographic identification such as security
<input type="checkbox"/> Keypass Card	<input type="checkbox"/> identification, cash converters card
<input type="checkbox"/> Queensland Corrective Services verification	<input type="checkbox"/> Queensland Shooters License with Photo
	<input type="checkbox"/>

Further evidence required

Below are examples of other types of evidence you and other household members will need to provide, where applicable.

- Decision-making – Public Trustee, Guardian, Power of Attorney documentation
- Income – Centrelink income statements, payslips, employer's declaration/s
Household members over 16 years receiving Centrelink payments can give consent to the department to obtain income and assets details electronically from Centrelink.
- Assets – quarterly bank statements and documentation showing details of other assets and their current valuation
- Property ownership – title deed, mortgage documents, contract of sale
- Your need to move – documentation supporting reasons for having to move
- Medical or disability – completed 'Medical Report'
- Your wellbeing – completed 'Support Statement'

All evidence to support your application must be provided before an assessment can be completed.

Declaration and consent

Personal Information Privacy Notice

The Northern Peninsula Area Regional Council is collecting personal information on this form to provide you with social housing assistance. This is in conjunction with 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.

I understand:

- the instructions given on this form and agree to the Privacy Notice above
- the information on this form will be used by the Northern Peninsula Area Regional Council to register my application for housing assistance, providing I am eligible
- my personal information may be given to government and non-government organisations to provide me with housing and/or support services
- as the applicant/s, I must advise the Council if any circumstances change regarding any household members listed in and that is relevant to this application
- that I may become ineligible for housing assistance if changes occur to my or my household's circumstances, incomes and/or assets
- upon submitting this application, I must provide at least one item from the primary and secondary identification evidence list above as proof of my identity, one of which, for each applicant, must show a Queensland address, signature and date of birth.

To the best of my knowledge, the information provided on and in conjunction with this application 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 Northern Peninsula Area Regional Council false or misleading information that may influence decisions about my eligibility for housing assistance and may make my application invalid.

Applicant name:	<input type="text"/>	Applicant name:	<input type="text"/>
Signed:	<input type="text"/>	Signed:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

I am a Northern Peninsula Area Regional Council employee / / Corrective Services officer / Justice of the Peace / Commissioner for Declarations / Solicitor. I have witnessed the above signatures and sighted two of the listed identification evidence items for each applicant.

Witness name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Organisation:	<input type="text"/>