Housing Pathways

NSW GOVERNMENT | Human Services
Housing NSW

Application for Housing Assistance

Use this form to apply for social housing assistance in New South Wales

About social housing assistance in NSW

Social housing assistance includes:

- social housing (including public housing, Aboriginal Housing Office properties and community housing)
- help with setting up and/or maintaining a tenancy in the private market
- temporary accommodation if you are homeless.

Social housing assistance in NSW is provided by the Department of Human Services – Housing NSW and community housing organisations.

How do I apply for social housing assistance?

You can apply for all types of social housing assistance using this form. You can also use this form to apply for housing assistance if you are already a tenant of a social housing provider (such as Housing NSW or a participating community housing organisation).

What is this form about?

This form asks important questions about you and the other people in your household. The answers you give will help us to understand what kind of help you might need and how urgent and/or complex your situation is.

Your application will be assessed on the information you give us on this form. If we need more information from you, you may be asked to come to an interview.

How to fill in this form

To fill in this form:

1. read each question carefully
2. answer all the questions
3. print your answers, using a black or blue pen
4. provide documents that support your application. The questions that we need evidence for are marked on the form with 📎. Information about the type of evidence we need is in the *Evidence Requirements Information Sheet*. If you did not receive an *Evidence Requirements Information Sheet* with this application, please ask for one from your nearest housing provider.

Where do I lodge this form?

You can lodge this form with any social housing provider in NSW, either in person or by mail. This includes all Housing NSW local offices and participating community housing providers. You can find details on the Housing Pathways website at **www.housingpathways.nsw.gov.au**

Help to fill in this form

If you need help to fill in this form, if you need an interpreter or if the reasons you are seeking assistance are too sensitive to write down, ask a staff member to help you. If there is one available, you can ask to see a male or female officer, and/or you can also ask for an Aboriginal officer.

What if I am homeless?

If you have nowhere safe to stay tonight, please visit a local housing office and talk to us. If you need help after hours, please call the Housing NSW Temporary Accommodation Service on (freecall) 1800 152 152.

For more information

For more information about applying for social housing assistance and whether you are eligible, see the Housing Pathways website at **www.housingpathways.nsw.gov.au** or phone 1300 HOUSING (1300 468 746) 24 hours a day, seven days a week.

It is illegal for an officer of Housing NSW or community housing provider to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs. It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to anyone who works for Housing NSW or a community housing provider for helping you. If you have any information regarding possible corrupt conduct you can report it by calling 1300 HOUSING (1300 468 746).

DH3001, 03/10

Acknowledgement of receipt of application

Receipt of *Application for Housing Assistance* from this person is hereby acknowledged.

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Unit/flat, Street number

Street/Avenue/ Place/etc.

Town or Suburb

Postcode

Receipt details

Office

Name of receiving officer

Signature of receiving officer

Phone

Date DD / MM / YYYY

Office date stamp

Housing Pathways

NSW GOVERNMENT | Human Services
Housing NSW

Application for Housing Assistance

Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with a ✗. If you need more room to answer any question, please include details on a separate page and attach it to your application.

Personal details of main applicant

1. Your name

Attach proof of your identity. See item 1 on the *Evidence Requirements Information Sheet* for details.

Title (Mr, Mrs, Ms, Miss)

Last name or family name

First and middle name(s)

2. Do you need an interpreter?
This includes an interpreter for people who have a hearing or speech impairment.

☐ Yes give details ☐ No → Go to Q.3

What language?

3. Sex ☐ Male ☐ Female

4. Date of birth
Note: If you are under 18 years of age, please speak to a staff member before completing this form.

DD / MM / YYYY

5. Are you known by another name?
(for example, previous family name)

☐ Yes give details ☐ No → Go to Q.6

What name? Family name First name

6. Residential address

Unit/flat, Street number

Street/Avenue/ Place/etc.

Town or Suburb Postcode

6a. Are you staying at above address? ☐ Yes ☐ No

7. Contact details

Phone Mobile

Email

7a. What is your contact or mailing address, if different from above?

Unit/flat, Street number

Street/Avenue/ Place/etc.

Town or Suburb Postcode

OFFICE USE ONLY

T-File Number

ARN Number

8. Do you currently live in a social housing property?

Note: A social housing property includes public housing, Aboriginal Housing Office properties and community housing.

☐ Yes give details

☐ No → Go to Q.9

Is your social housing property:

☐ Public housing

☐ Community housing

☐ Aboriginal housing

If you live in a community housing or Aboriginal housing property, what is the name of the provider that manages this property? → Go to Q.10

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9. Have you or anyone on this application lived in a social housing property before?

☐ Yes give details in questions 9a and 9b

☐ No → Go to Q.10

9a. Name of person who has lived in a social housing property before

Family name First name

9b. Address of the property

Unit/flat, Street number

Street/Avenue/ Place/etc.

Town or Suburb Postcode

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10. What is your Centrelink Reference Number (CRN)?

Answer this question if you have a Centrelink Reference Number.

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11. What is the main language you speak at home?

☐ English

☐ Other give details

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12. In what country were you born?

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13. Are you of Aboriginal or Torres Strait Islander origin?

Note: Aboriginality will need to be confirmed if you wish to access specific Aboriginal services. See item 2 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details

☐ No → Go to Q.14

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

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14. What is your current citizenship?

Attach proof. See item 3 on the *Evidence Requirements Information Sheet* for more information.

☐ Australian Citizen (Australian born or obtained citizenship) → Go to Q.16

☐ Other → Go to Q.15

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15. What is your current residency status/visa category?

Attach proof of residency status/visa category and number. See item 4 on the *Evidence Requirements Information Sheet* for details.

- ☐ Permanent Resident
- ☐ Sponsored Migrant
- ☐ New Zealand Special Category Visa
- ☐ Refugee/Humanitarian
- ☐ Asylum Seeker

What is your visa subclass number? _____ If not relevant, write 'not applicable'.

Date of arrival in Australia DD / MM / YYYY

Income and assets of main applicant

16. Do you own (or part own) any residential or commercial property or land (including any property overseas)?

☐ Yes give details ☐ No → Go to Q.17

Name of owner(s) **Note:** If you part own property or land, list the names of the other owners as well as your own.	**Address of property or land**	Is the property or land used for **residential** or **commerical** purposes?

Attach proof of property ownership. See item 5 on the *Evidence Requirements Information Sheet* for details.

Total value of all property/ land owned or part owned $

Amount owing (if mortgaged) $

17. What is your income before tax?

Please complete the table on the right.

Income includes pension payments (including overseas pension), allowances, child support payments, wages, casual earnings, regular insurance payments, interest from the bank, interest from investments, etc.

Attach proof of your income. See item 6 on the *Evidence Requirements Information Sheet* for details.

Type of income	**Paid**	**Amount of income**
	☐ Weekly ☐ Fortnightly	$
	☐ Weekly ☐ Fortnightly	
	☐ Weekly ☐ Fortnightly	
	☐ Weekly ☐ Fortnightly	
	☐ Weekly ☐ Fortnightly	

Note:

- If you receive a Centrelink benefit, include your details on the Income Confirmation Scheme (ICS) Consent Authority on page 16 of this form or a separate community housing income confirmation form. By signing this ICS Authority, you give permission for us to contact Centrelink to check your income and you will not need to provide any further evidence of your Centrelink payment.
- If you are currently employed, or self-employed, you will need to provide proof of what you earn. For details on how to do this, see item 6 on the *Evidence Requirements Information Sheet.*

17a. What is the value of your money assets?

Please complete the table on the right.

Money assets include any cash, shares, term deposits, bank accounts, etc.

Attach proof of your money assests. See item 7 on the *Evidence Requirements Information Sheet* for details.

Type of money asset	Value of asset
	$

18. Do you pay child support?

Attach proof of your payments. See item 8 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details ☐ No → Go to Q.19

How often do you pay? ☐ Weekly ☐ Fortnightly

How much do you pay? $

How do you pay? (Mark one only) ☐ Through Child Support Agency ☐ Direct to custodial parent

19. Do you have ongoing expenses due to a disability, medical condition or permanent injury?

Attach proof of expenses. See item 9 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details ☐ No → Go to Q.20

Your household

20. Will there be other people living with you?

Note: If there will be other people living with you, please include their details in the Additional Person Information section of this form when you get to it. For an expected baby, you only need to provide the due date in question 20a.

☐ Yes how many people will be living with you (including an expected baby)? ☐ No → Go to Q.20a

→ Go to Q.20a

20a. Is anyone on this application expecting a baby?

Attach proof of pregnancy. See item 10 on the *Evidence Requirements Information Sheet* for details.

☐ Yes when is it due? ☐ No → Go to Q.21

DD / MM / YYYY

21. Is anyone on this application an employee of a social housing provider?

Note: Social housing providers are Housing NSW and participating community housing organisations.

☐ Yes give details ☐ No → Go to Q.22

Name of person Family name First name

Name of social housing provider

Current circumstances

22. Are you seeking housing assistance because of violence?

Attach documents that support your answer. See item 11 on the *Evidence Requirements Information Sheet* for details.

☐ Yes please mark all that apply ☐ No → Go to Q.23

☐ Domestic violence/family violence

☐ A child in your care is at risk

☐ Threats, violence and/or harassment from another person

23. Are you living on the streets, in a squat or in a car at the moment?

☐ Yes → go to Q.26 ☐ No → Go to Q.24

24. Are you seeking housing assistance because you need to leave the place you are staying and you have nowhere else to live?

Attach documents that support your answer. See item 12 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details ☐ No → Go to Q.25

Mark the box below that best describes your situation. Mark one only.

☐ You are living in crisis, emergency or temporary accommodation (e.g. a refuge or a motel)

☐ You are staying with friends or family but they cannot provide you with longer-term accommodation

☐ You are living in a boarding house or caravan park on a short-term basis, or you are leaving a boarding house or caravan park because it is closing

☐ You have received a Notice of Termination or a Warrant of Possession

☐ You are leaving a mental health facility

☐ You are leaving a disability support facility

☐ You are leaving a rehabilitation facility

☐ You are being released from a juvenile detention centre

☐ You are being released from a gaol/correctional centre

☐ You are under a community-based order (probation and parole)

☐ You are leaving state care

☐ You are experiencing mortgage stress (property owners only)

☐ Other – give details

When will you be leaving the place you are staying (if known)? DD / MM / YYYY

25. Is your current accommodation unsuitable, unhealthy or unsafe?

Attach documents that support your answer. See item 13 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details → ☐ No → Go to Q.26

Please mark the situation(s) which best describe why you think your accommodation is unsuitable, unhealthy or unsafe. Mark all that apply.

☐ It is substandard, dangerous or unhealthy

☐ It doesn't have water, electricity, bathroom or kitchen

☐ Accommodation aggravates a severe and ongoing medical condition or disability

☐ It is not safe and stable for taking a child out of care

☐ It is severely overcrowded (for example, an adult or couple are sharing a bedroom with a person aged over three years or there are more than three children sharing a bedroom or there are more than two unrelated adults sharing a bedroom)

☐ Immediate family members are forced to live apart

☐ A member of your household is leaving care or a custodial setting (including a juvenile detention centre, gaol or community-based order)

☐ Family break-up

☐ Staying with friends or family but they cannot provide long term accommodation

☐ Other – give details

26. Do you have somewhere safe to stay tonight?

☐ Yes → ☐ No → Go to Q.27

If yes, how long can you stay there?

27. Do you or anyone on this application have a disability or ongoing medical condition?

Attach proof of disability or medical condition. See item 14 on the *Evidence Requirements Information Sheet* for details.

☐ Yes give details → ☐ No → Go to Q.28

Mark all that apply and write the name of the person/s with the disability or medical condition

Disability or medical condition		**Name of the person/s** with the disability or medical condition
Acquired brain injury	☐	Family name / First name
Intellectual disability	☐	Family name / First name
Mental illness and/or disorder	☐	Family name / First name
Post Traumatic Stress Disorder	☐	Family name / First name
Visually impaired	☐	Family name / First name
Alcohol and other drug use	☐	Family name / First name
Kidney failure	☐	Family name / First name

Question 27 continues on the next page

Disability or medical condition		**Name of the person/s** with the disability or medical condition
Wheelchair user	☐	Family name First name
Physical disability	☐	Family name First name
Hearing impairment	☐	Family name First name
Physical illness	☐	Family name First name
Chronic/terminal illness	☐	Family name First name
HIV/AIDS	☐	Family name First name
Mobility impairment	☐	Family name First name
Experience of torture and trauma	☐	Family name First name
Other	☐	Medical condition
		Family name First name

28. Do you or anyone on this application require access to a specific service or school because of a medical condition or disability?

☐ Yes give details ☐ No → Go to Q.29

Attach documents that support your answer. See item 15 on the *Evidence Requirements Information Sheet* for details.

Name of person requiring access to the school or service: Family name First name

Which school/ service?

For what reason?

For how long will it be required?

29. Do you or anyone on this application get ongoing support from an organisation or a program or a person/individual?

☐ Yes give details ☐ No → Go to Q.30

Attach documents that support your answer. See item 16 on the *Evidence Requirements Information Sheet* for details.

Name of person receiving support: Family name First name

Name of organisation or program providing support (if relevant)

Name of support worker or person/individual: Family name First name

Contact phone number

30. Does anyone on this application have a financial management order?

☐ Yes give details ☐ No → Go to Q.30a

We may obtain a copy of the order from the organisation.

Name of person with a financial management order: Family name | First name

Name of organisation:

Contact phone number:

30a. Does anyone on this application have a guardian (public or private)?

☐ Yes give details ☐ No → Go to Q.31

Attach documents that support your answer. See item 17 on the *Evidence Requirements Information Sheet* for details.

Name of person who has a guardian: Family name | First name

Name of organisation or person who is the guardian:

Contact phone number:

31. Are there any other reasons you need housing assistance?

☐ Yes give details ☐ No → Go to Q.32

32. How many times have you moved in the last two years?

☐ None ☐ 1–2 times

☐ 3 times ☐ 4 or more times

33. Notice and declarations

Under the *Housing Act 2001*, the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*, you must be told why your personal information (including health information) is being collected, how it will be used and whether it will be given or exchanged with another party.

Under the *Housing Act 2001* a fine of up to $2,200 and/or three months imprisonment applies for making a false statement or representation. Anyone who wilfully makes any false statements that result in them obtaining accommodation or other financial benefit of any kind may be refused further assistance by housing providers or prosecuted.

Notice: Your personal information and any relevant health information provided on this form will be exchanged between social housing providers (public, community and Aboriginal housing) for the purpose of processing this application.

Declaration

- I understand the instructions given on this application form.
- To the best of my knowledge, the information provided in this application form is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this application form is used by all social housing providers (public, community and Aboriginal housing).

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date DD / MM / YYYY

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34. Is there another person helping you to fill out this form?

☐ Yes
If yes, that person should read and sign the declaration below

☐ No

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.

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date DD / MM / YYYY

Contact phone number

PLEASE NOTE

If other people are going to be living with you, enter their details in the Additional Person Information section on page 10 of this form. You will also need to get each additional person aged 16 years and over to sign the consent on page 15.

Additional Person Information

This section is to be completed by the main applicant. Please include the details of each person to be housed with you.

You will need to attach proof of identity for each additional person in your household. You will need to attach proof of citizenship, residency or visa category, property ownership, income, assets for each additional person aged 18 years and over. See the *Evidence Requirements Information Sheet* for details.

A1. Personal details of additional persons

Person 1

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex ☐ Male ☐ Female

Date of birth DD / MM / YYYY

Is the additional person known by another name? ☐ Yes give details ☐ No

Family name First name

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

Country of birth

Main language spoken at home

Australian citizen ☐ Yes ☐ No

If additional person is not an Australian citizen, what is their residency status and visa subclass number? ☐ Permanent Resident ☐ Sponsored Migrant ☐ New Zealand Special Category Visa ☐ Refugee/ Humanitarian ☐ Asylum Seeker

Visa subclass number

Date of arrival in Australia DD / MM / YYYY

Is the additional person of Aboriginal or Torres Strait Islander origin? ☐ Yes give details ☐ No

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Person 2

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex ☐ Male ☐ Female

Date of birth DD / MM / YYYY

Is the additional person known by another name? ☐ Yes give details ☐ No

Family name First name

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

Country of birth

Main language spoken at home

Australian citizen ☐ Yes ☐ No

If additional person is not an Australian citizen, what is their residency status and visa subclass number? ☐ Permanent Resident ☐ Sponsored Migrant ☐ New Zealand Special Category Visa ☐ Refugee/ Humanitarian ☐ Asylum Seeker

Visa subclass number

Date of arrival in Australia DD / MM / YYYY

Is the additional person of Aboriginal or Torres Strait Islander origin? ☐ Yes give details ☐ No

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

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Person 3

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex ☐ Male ☐ Female

Date of birth DD / MM / YYYY

Is the additional person known by another name? ☐ Yes give details ☐ No

Family name First name

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

Question continues on the next page

Country of birth

Main language spoken at home

Australian citizen ☐ Yes ☐ No ☐ New Zealand Special Category Visa

If additional person is not an Australian citizen, what is their residency status and visa subclass number? ☐ Permanent Resident ☐ Sponsored Migrant ☐ Refugee/ Humanitarian ☐ Asylum Seeker

Visa subclass number

Date of arrival in Australia DD / MM / YYYY

Is the additional person of Aboriginal or Torres Strait Islander origin? ☐ Yes give details ☐ No

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

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Person 4

Title Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex ☐ Male ☐ Female

Date of birth DD / MM / YYYY

Is the additional person known by another name? ☐ Yes give details ☐ No

Family name First name

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

Country of birth

Main language spoken at home

Australian citizen ☐ Yes ☐ No

If additional person is not an Australian citizen, what is their residency status and visa subclass number? ☐ Permanent Resident ☐ Sponsored Migrant ☐ New Zealand Special Category Visa ☐ Refugee/ Humanitarian ☐ Asylum Seeker

Visa subclass number

Date of arrival in Australia DD / MM / YYYY

Is the additional person of Aboriginal or Torres Strait Islander origin? ☐ Yes give details ☐ No

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Person 5

Title
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex ☐ Male ☐ Female

Date of birth DD / MM / YYYY

Is the additional person known by another name? ☐ Yes give details ☐ No

Family name First name

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

Country of birth

Main language spoken at home

Australian citizen ☐ Yes ☐ No

If additional person is not an Australian citizen, what is their residency status and visa subclass number? ☐ Permanent Resident ☐ Sponsored Migrant ☐ New Zealand Special Category Visa ☐ Refugee/ Humanitarian ☐ Asylum Seeker

Visa subclass number

Date of arrival in Australia DD / MM / YYYY

Is the additional person of Aboriginal or Torres Strait Islander origin? ☐ Yes give details ☐ No

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Note: If there are more than five additional people on your application, ask for an extra copy of this section.

A2. Do any of the household members listed above have a different residential address from you? ☐ Yes give details ☐ No → Go to A3

Name of person Family name First name

Address of person

Postcode

Name of person Family name First name

Address of person

Postcode

Name of person Family name First name

Address of person

Postcode

A3. Do any additional persons own (or part own) any residential or commercial property or land?
(Please include any property overseas. If you have already provided these details in question 16, you do not need to repeat them here).

☐ Yes give details ☐ No → Go to A4

Name of additional person: Family name / First name

Address of property or land: Postcode

Residential use: ☐ Yes ☐ No

Commercial use: ☐ Yes ☐ No

Value: $ Amount owing: $

Name of additional person: Family name / First name

Address of property or land: Postcode

Residential use: ☐ Yes ☐ No

Commercial use: ☐ Yes ☐ No

Value: $ Amount owing: $

A4. List the income of each additional person aged 18 years and over. You can list more than one income for each person. If you need more space, please write on a blank page and attach it to the application.

Income includes pension payments (including overseas pension), allowances, child support payments, wages, casual earnings, regular insurance payments, interest from the bank, interest from investments, etc.

Name of additional person	Type of income	Paid	Amount of income
		☐ Weekly ☐ Fortnightly	$
		☐ Weekly ☐ Fortnightly	
		☐ Weekly ☐ Fortnightly	
		☐ Weekly ☐ Fortnightly	
		☐ Weekly ☐ Fortnightly	

Note:
- If any of the additional persons receives a Centrelink benefit, they can include their details on the Income Confirmation Scheme (ICS) Consent Authority on page 16 of this form or on a separate community housing income confirmation form. By signing the ICS Authority, they give permission for us to contact Centrelink to check their income and they will not need to provide any further evidence of their Centrelink payment.
- If an additional person is currently employed, or self-employed, they will need to provide proof of what they earn. For details on how to do this see item 6 of the *Evidence Requirements Information Sheet.*

A4a. List the money assets of each additional person aged 18 years and over. You can list more than one money asset for each person.

Money assets include any cash, shares, term deposits, bank accounts, etc.

Name of additional person	Type of money asset	Value of asset
		$

A5. Do any additional persons have ongoing expenses due to a disability, medical condition or permanent injury?

☐ Yes give details

☐ No → Go to A6

Name of additional person	What is expense for	Amount of expense	How often is paid
		$	

A6. Consent of additional person

Each additional person on the application AGED 16 YEARS AND OVER must provide their written permission for their personal information to be collected by the main applicant.

To do this, they need to read the statement below and sign and date this form.

I give my permission for:

- my personal information on this form to be collected by the main applicant
- the proper use of my personal information by social housing providers in order to process this application.

Name of additional person	Signature of additional person	Date
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY
		DD / MM / YYYY

Income Confirmation Scheme Consent Authority

All members of your household who wish to participate in the Centrelink Income Confirmation Scheme should enter their details and signature in the consent form below.

This consent will be used for the sole purpose of authorising Centrelink to provide information to Housing NSW to assess your eligibility for concessions or services provided by Housing NSW.

Note: If you do not want Centrelink to provide your information electronically to Housing NSW, you will need to obtain the information required from Centrelink yourself and provide it to Housing NSW.

Income Confirmation Scheme Consent Form

By signing below:

- I authorise Centrelink to electronically provide a statement of information to Housing NSW to assist in the assessment of my entitlement to services from Housing NSW.
- I understand that the information provided by Centrelink may include, where relevant, current or historical details of payments received, dependants, Centrelink deductions, income, assets and confirmation of my current address.
- I understand that this authority, once signed, is effective only for the period I am a customer of Housing NSW.
- I understand that this authority, which is ongoing, can be revoked at any time by giving notice to Housing NSW.
- I understand that I will be able to obtain a written copy of the Statements at any time from either Housing NSW or Centrelink.

Name of additional person	Date of birth	Centrelink Customer Reference Number	Signature	Date
	DD / MM / YYYY			DD / MM / YYYY
	DD / MM / YYYY			DD / MM / YYYY
	DD / MM / YYYY			DD / MM / YYYY
	DD / MM / YYYY			DD / MM / YYYY
	DD / MM / YYYY			DD / MM / YYYY

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or on Centrelink's website at **www.centrelink.gov.au**.

Interpreting services

If you need help with interpreting or translation because English is not your first language, phone the Translating and Interpreting Service on 131 450. They will phone the housing organisation and interpret for you for free.

Arabic

إذا كنت بحاجة إلى المساعدة في الترجمة الفورية أو الخطية لأن اللغة الإنجليزية ليست لغتك الأم، فالرجاء الاتصال بخدمة الترجمة الفورية والخطية على الرقم 131 450 وسوف يتصلون هم بدورهم بالمنظمة الإسكانية ويترجمون لك مجانا.

Bosnian

Ako vam je potrebna pomoć prevodioca zato što vam engleski nije maternji jezik, nazovite Prevodilačku službu na 131 450. Oni će nazvati stambenu organizaciju i besplatno vam prevoditi.

Chinese

如果英文不是你的第一語言而你需要傳譯或翻譯，可致電131 450聯絡翻譯及傳譯服務。他們將撥電房屋組織及免費為你傳譯。

Croatian

Ako vam je potrebna pomoć u tumačenju ili prevođenju budući da vam engleski nije materinji jezik, nazovite Službu za prevođenje i tumačenje na 131 450. Oni će nazvati stambenu organizaciju i besplatno vam tumačiti.

Farsi

اگر بخاطر اینکه زبان مادری شما انگلیسی نیست به ترجمه شفاهی یا کتبی نیاز دارید، به خدمات مترجمی و ترجمه همزمان به شماره 131 450 تلفن کنید. آنها بدون هیچ هزینه ای از یک مترجم استفاده کرده و برای شما به اداره مسکن تلفن می کنند.

Greek

Αν χρειάζεστε βοήθεια με διερμηνεία ή μετάφραση γιατί τα Αγγλικά δεν είναι η πρώτη σας γλώσσα, τηλεφωνήστε στην Υπηρεσία Μεταφραστών και Διερμηνέων στο 131 450. Αυτοί θα τηλεφωνήσουν στον οργανισμό οικισμού (housing organisation) και θα διερμηνεύσουν για σας δωρεάν.

Italian

Se necessitate di aiuto con interpretariato o traduzioni perché l'inglese non è la vostra prima lingua, telefonate al Servizio Traduttori e Interpreti al numero 131 450. Chiameranno l'organizzazione degli alloggi e vi faranno da interpreti gratuitamente.

Khmer

*បសិនបើលោកអ្នក*តូវការជំនួយផែ្នកបក*ែបភាសា និយាយ*សរសេរ ដោយ*ពោះតែភាសាអង្គេឡ្ស ពុំមែនជាភាសាទី១របស្យលោកអ្នក សូមទូរស័ពទ្ធទៅ*កសួង បក*ែបភាសាសរសេរ និងនិយាយ លេខ 131 450។ គេនឹងទូរស័ពទ្ធទៅអង<ការផឌ្ឋល្យទីលំនៅ ហើយបក*ែបជូនលោកអ្នកដោយតែគិតថ្លៃ។

Korean

영어가 모국어가 아니기 때문에 통역 혹은 번역 도움이 필요하실 경우 통번역 서비스에 131 450으로 전화하십시오. 이들이 주택 기관에 전화하여 귀하를 위해 무료로 통역해 드릴 것입니다.

Lao

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນດ້ານການແປເອກະສານ ຫຼື ການແປພາສາເນື່ອງຈາກວ່າພາສາອັງກິດບໍ່ແມ່ນພາສາຫລັກຂອງທ່ານ ຈົ່ງໂທຣະສັບຫາ ບໍຣິການ ການແປເອກະສານແລະນາຍພາສາ ຕາມ ໝາຍເລກ 131 450. ພວກເຂົາຈະໂທຣະສັບຫາອົງ ການເຄຫະສະຖານ ແລະຈະແປພາສາໃຫ້ທ່ານ ໂດ ຍບໍ່ຄິດຄ່າໃດໆ.

Macedonian

Ако ви треба помош за усмено или писмено преведување бидејќи англискиот не е ваш прв јазик, телефонирајте на Службата за усмено и писмено преведување на 131 450. Тие ќе се јават на службата за домување и бесплатно ќе ви преведуваат.

Polish

Jeżeli potrzebujesz pomocy tłumacza, ponieważ angielski nie jest Twoim ojczystym językiem, zadzwoń do Telefonicznej Służby Tłumaczeń pod numer 131 450. Połączą Cię oni wówczas z organizacją mieszkaniową i pomogą Ci bezpłatnie się porozumieć.

Russian

Если английский не является Вашим родным языком, и Вам нужна помощь с устным или письменным переводом, позвоните в Службу устного и письменного перевода (TIS) по номеру 131 450. Они позвонят в организацию жилищного хозяйства и бесплатно переведут для Вас беседу.

Samoan

Afai e te manaomia se fesoasoani i le faaliliuina po o le faamatalaina ona o le gagana Faaperetania e le o lau gagana muamua lea, telefoni i le Auaunaga o Faaliliuupu ma Faamatalaupu i le 131 450. O le a latou telefoni i le faalapotopotoga o fale ma faamatalaupu mo oe e sa'oloto e aunoa ma se totogi.

Serbian

Ако вам је потребна помоћ са тумачењем или превођењем због тога што енглески није ваш 'први' језик, позовите 'Преводилачку и тумачку службу' на 131 450. Они ће позвати стамбену организацију и бесплатно преводити за вас.

Spanish

Si necesita utilizar los servicios de un intérprete o traductor porque el inglés no es su lengua materna, comuníquese con el Servicio de Traducción e Interpretación llamando al 131 450. Dicho servicio llamará por teléfono a la organización de la vivienda y le brindará un servicio de interpretación en su idioma en forma gratuita.

Tagalog

Kung kailangan ninyo ng tulong sa pag-iinterprete o pagsasalinwika dahil hindi Ingles ang inyong pangunahing wika, tawagan ang Serbisyo ng Tagasalinwika at Pag-iinterprete sa 131 450. Sila ang tatawag sa tanggapan ng pabahay at magsasalinwika ng libre para sa inyo.

Turkish

İngilizce ana diliniz olmadığından sözlü ya da yazılı tercümede yardıma ihtiyacınızın olması durumunda, 131 450 numaradan Yazılı ve Sözlü Tercümanlık Servisi'ni (Translating and Interpreting Service) arayınız. Servis, konut kuruluşunu arayıp sizin için ücretsiz tercümanlık hizmeti sağlayacaktır.

Vietnamese

Nếu cần người giúp thông dịch hoặc phiên dịch vì tiếng Anh không phải là tiếng mẹ đẻ của mình, quý vị hãy gọi cho Dịch Vụ Thông Phiên Dịch theo số 131 450. Họ sẽ gọi cho cơ quan gia cư và làm thông ngôn cho quý vị miễn phí.