

## 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 Family & Community 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](http://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](http://www.housingpathways.nsw.gov.au) or phone 1300 468 746, 24 hours a day, 7 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 468 746.



# Acknowledgement of receipt of application

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**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 /House number

Street/Avenue

Town/Suburb  Postcode

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## Receipt details

Office

Name of receiving officer

Signature of receiving officer

Phone

Date

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## Office date stamp

## 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**

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

Unit/House number

Street/Avenue

Town/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/House number

Street/Avenue

Town/Suburb  Postcode

OFFICE  
USE  
ONLY

Client Ref Number

Advice Case Ref Number

T-File Ref 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?

**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/House  
number

Street/Avenue

Town/Suburb

Postcode

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

Answer this question if you have a Centrelink Reference Number.

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

English

Other  
give details

**12. In what country were you born?**

**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

**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



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

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

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

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


Date of arrival in Australia

**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) <i>Note:</i> 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 commercial purposes?

 Attach proof of property ownership. See item 6 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 7 on the *Evidence Requirements Information Sheet* for details.

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


**Note:**

If you receive a Centrelink benefit, include your details on the Income Confirmation Scheme (ICS) Consent Authority on page 15 of this form or a separate community housing income confirmation for. 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.

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


Please complete the table on the right.

**Money assets** includes all bank accounts, including savings accounts, cash, shares, term deposits, bank accounts, etc

 Attach proof of your money assets. See item 8 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 9 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 10 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 11 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

Name of social housing provider

## Current circumstances

22. Are you homeless at the moment, such as living on the streets, in a squat or in a car?  Yes  No → Go to Q.23

If yes, how long have you been homeless?

How many times have you been homeless in the past five years?

23. Do you have somewhere safe to stay tonight?  Yes  No → Go to Q.24

If yes, how long can you stay there?

24. Are you seeking housing assistance because you need to leave the place you are staying and you have nowhere else to live?  Yes give details  No → Go to Q.25



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

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 hospital
- 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


24a. When will you be leaving the place you are staying (if known)?

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



Attach documents that support your answer. See item 14 on the *Evidence Requirements Information Sheet* for details.

Yes  
give details

No → Go to Q.26

Mark the situation(s) which best describes why you think your accommodation is unsuitable, unhealthy or unsafe.

- It is substandard, dangerous or unhealthy
- Without essential facilities (for example no water, electricity, bathroom or kitchen)
- Accommodation aggravates a severe and ongoing medical condition or disability
- It is unsafe and unstable 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
- Other – give details


**26. Are you seeking housing assistance because of violence?**



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

Yes

No → Go to Q.27

Mark all that apply

- Domestic violence/family violence
- A child in your care is at risk
- Threats, violence and/or harassment from another person

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



Attach proof of disability or medical condition. See item 15 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	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>
Intellectual disability	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>
Mental illness and/or disorder	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>
Post Traumatic Stress Disorder	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>
Visually impaired	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>
Alcohol and other drug use	<input type="checkbox"/>	<input type="text" value="Family name"/>	<input type="text" value="First name"/>



Disability or medical condition	Name of the person(s) with the disability or medical condition	
Kidney failure	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Wheelchair user	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Physical disability	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Hearing impairment	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Physical illness	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Chronic/terminal illness	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
HIV/AIDS	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Mobility impairment	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Experience of torture and trauma	<input type="checkbox"/>	Family name <input type="text"/> First name <input type="text"/>
Other	<input type="checkbox"/>	Medical condition <input type="text"/>
		Family name <input type="text"/> First name <input type="text"/>

28. Do you or anyone on this application require access to a specialist or 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 16 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 receive 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 17 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

Email

**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
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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 18 on the *Evidence Requirements Information Sheet* for details.

Name of person who has a guardian

Family name	First name
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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


## 32. FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (the Department) which consists of the following entities: Ageing, Disability and Home Care, Community Services, Housing NSW, Strategy and Policy, Corporate Services, the Land and Housing Corporation, the Aboriginal Housing Office and also the Home Care Service. The Department and its related agencies comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by the entity that collects it, or by NSW Businesslink, the Government owned company that provides corporate support to the Department. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services. The Department is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: [http://www.facs.nsw.gov.au/site\\_information/privacy](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000 or by emailing: [privacy@facs.nsw.gov.au](mailto:privacy@facs.nsw.gov.au).

## Notice and Declarations

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 assessing your continuing eligibility for social housing.

### 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	<input type="text"/>
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>

- 33 **Is there another person helping you to fill out this form?**  Yes  No  
If yes, that person should read and sign the declaration below

### 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	<input type="text"/>
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD / MM / YYYY"/>
Contact phone number	<input type="text"/>

## 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 14.

# 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 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

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

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

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

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

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

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 3**

Title   
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex  Male  Female

Date of birth

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

↓

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

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

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

↓

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

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 5**

Title   
Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Sex  Male  Female

Date of birth

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

Yes give details ↓

Relationship to you

Centrelink Reference Number (CRN) (If applicable)

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

Yes give details ↓  
 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

Address of person

Name of person

Address of person

Name of person

Address of person

**A3. Do any additional persons own (or part own) any residential or commercial property or land?**

Yes  
give details

No → Go to A4

(Please include any property overseas. If you have already provided these details in question 16, you do not need to repeat them here).

Name of additional person	Family name		First name	
Address of property or land	<input type="text"/> <input type="text"/>			
	Postcode			
Residential use	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Commercial use	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Value	\$ <input type="text"/>	Amount owing	\$ <input type="text"/>	
Name of additional person	Family name		First name	
Address of property or land	<input type="text"/> <input type="text"/>			
	Postcode			
Residential use	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Commercial use	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Value	\$ <input type="text"/>	Amount owing	\$ <input type="text"/>	

**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
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$
		<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	\$

**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 15 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 7 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** includes all bank accounts, including savings accounts, cash, shares, term deposits, bank accounts, etc. Attach proof of all money / assets. See item 8 on the *Evidence Requirements Information Sheet* for details.

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

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

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

If you or anyone on this application wish to participate in the Centrelink Income Confirmation Scheme please complete 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 all household members	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 that provides more details about Centrelink Confirmation eServices is available from Centrelink or on Centrelink's website at [www.centrelink.gov.au](http://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 الخطبة لأن اللغة الإنجليزية ليست لغتك الأم، فالرجاء الاتصال بخدمة الترجمة الفورية والخطبة على الرقم 131 450 وسوف يتصلون هم بدورهم بالمنظمة الإسكانية ويترجمون لك مجاناً.

## 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 prevodenju budući da vam engleski nije materinji jezik, nazovite Službu za prevodenje 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

\*បសិទ្ធិបើលោកអ្នក\* ត្រូវការជំនួយផ្នែកបកប្រែ\* បកស្រាយ និងយាយី សរសេរ ដោយព្រះព័ត៌មានសាមញ្ញគ្រឿងស្រព័ន្ធជាភាសាទី១របស់លោកអ្នក សូមទូរស័ព្ទទៅ\* កស្ម័ង បកប្រែភាសាសរសេរ និងនិយាយ លេខ 131 450 ។ គេ នឹងទូរស័ព្ទទៅអង្គការផលិតផលផ្តល់សេវា ហើយបកប្រែជូន លោកអ្នកដោយឥតគិតថ្លៃ។

## Korean

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

## Lao

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນດ້ານການແປ ເອກະສານ ຫຼື ການແປພາສາເນື່ອງຈາກວາພາສາອັງກິດບໍ່ແມ່ນພາສາທັ້ງຂອງທ່ານ ຈຶ່ງໂທຮະສັບທາ ບໍຣິການ ການແປເອກະສານແລະນາຍພາສາ ຕາມ ພາຍເລກ 131 450. ພວກເຂົາຈະໂທຮະສັບທາອີງ ການເຄາະສະຖານ ແລະຈະແປພາສາໃຫ້ທ່ານໄດ້ ຍັບຄິດຄ້າໃດໆ.

## Macedonian

Ako vi treba pomoć za usmeno ili pisмено 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 faalapopotoga o fale ma faamatalaupu mo oe e sa'oloto e aunoa ma se togoti.

## Serbian

Ako vam je potrebna pomoć sa tumačenjem ili prevođenjem zbog toga što engleski nije vaš 'prvi' jezik, pozovite 'Prevodilačku i tumačku službu' na 131 450. Oni će nazvati stambenu organizaciju i besplatno prevoditi za vas.

## 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-iinterpretar o pagsasalinwika dahil hindi Ingles ang inyong pangunahing wika, tawagan ang Serbisyo ng Tagasalinwika at Pag-iinterpretar sa 131 450. Sila ang tatawag sa tanggapan ng pabahay at magsasalinwika ng libre para sa inyo.

## Turkish

İngilizce ana diliniz olmadığınızdan 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.