



Tharawal Housing Aboriginal Corporation (THAC)

Sign Up Declaration Form

Privacy Notice

Tharawal Housing Aboriginal Corporation values the right and privacy of all clients. Tharawal Housing Aboriginal Corporation will not share your personal information unless required to by law or consent has been given. The information collected from you or a third party will be held by Tharawal Housing Aboriginal Corporation. Tharawal Housing Aboriginal Corporation complies with NSW privacy legislation when collecting and managing personal information. We may use your information within our organization when coordinating and planning ways to provide better service delivery. Information will only be disclosed to outside bodies when legal required to and in certain circumstance.

| | | | | |
|------------------------|---------------------------|----------------------|---------------|----------------------|
| Client Details: | Title - Mr, Mrs, Ms, Miss | <input type="text"/> | Client number | <input type="text"/> |
| | Last name or family name | <input type="text"/> | | |
| | Given name/s | <input type="text"/> | | |
| | Phone | <input type="text"/> | Mobile | <input type="text"/> |
| | Email | <input type="text"/> | | |

| | | | | |
|--------------------------|-------------------|----------------------|----------------|----------------------|
| Property Details: | Unit/House number | <input type="text"/> | Street /Avenue | <input type="text"/> |
| | Town or Suburb | <input type="text"/> | Postcode | <input type="text"/> |

| | |
|--|----------------------|
| Centrelink Customer Reference Number: | <input type="text"/> |
|--|----------------------|

Household Members

List all people in the household

You are required to list each household member living at the property noted above.

| Full Name | Date of Birth | Relationship to Tenant | Centrelink Reference Number |
|-----------|----------------|------------------------|-----------------------------|
| | 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 | | |

| | | | |
|-----------------------------|--------------------------|----------------------|----------------------|
| Next of Kin Details: | Title | <input type="text"/> | |
| Name: | Last name or family name | <input type="text"/> | |
| | Given name/s | <input type="text"/> | |
| Address: | Unit/House number | Street /Avenue | <input type="text"/> |
| | Town or Suburb | Postcode | <input type="text"/> |
| | Relationship to you | <input type="text"/> | |



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Notice and Declarations

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 social 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 and providing an appropriate service.

Tenant Declaration

I confirm that I have been given a copy of the ingoing property condition report date: DD / MM / YYYY.

I confirm that I have been given a copy of my Residential Tenancy Agreement and it has been explained to me by _____ on DD / MM / YYYY.

I am aware that I must return a copy of the ingoing property condition report on date: DD / MM / YYYY.

I confirm that I wish to pay my rent (weekly / fortnight) by (direct debit / Centrepay / BPay)

| | | | |
|--------------------------|----------------------|------|----------------------|
| Full name (please print) | <input type="text"/> | | |
| Signature | <input type="text"/> | | |
| Contact Number | <input type="text"/> | Date | <input type="text"/> |

Declaration from Person Assisting You

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

Yes No
 → that person should read and sign the declaration below

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

| | | | |
|--------------------------|----------------------|------|----------------------|
| Full name (please print) | <input type="text"/> | | |
| Signature | <input type="text"/> | | |
| Contact Number | <input type="text"/> | Date | <input type="text"/> |

Staff Use Only

| | | | |
|--------------------------|----------------------|---|----------------------|
| Tenancy Start Date | <input type="text"/> | Keys Issued | <input type="text"/> |
| Date of First Inspection | <input type="text"/> | Date Ingoing Property Condition Report: | <input type="text"/> |

Account Type

| | |
|-------------------------|----------------------|
| Rent Account Number: | <input type="text"/> |
| Water Account Number: | <input type="text"/> |
| Repairs Charges Number: | <input type="text"/> |
| Other: | <input type="text"/> |

Charges

| | |
|----|----------------------|
| \$ | <input type="text"/> |
| \$ | <input type="text"/> |
| \$ | <input type="text"/> |
| \$ | <input type="text"/> |

Date Due

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Office Use Only

| | | | |
|-------------------------------|--|-------------------------|--|
| Tenancy Started | <input type="checkbox"/> Yes <input type="checkbox"/> No | Subsity Completed | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ingoing PCR on file | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payment details updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Outgoing inspection completed | <input type="checkbox"/> Yes <input type="checkbox"/> No | File Updated | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staff initials | <input type="text"/> | Staff initials | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |