

Succession of Tenancy

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.

_	,	,	5 1
,	Your Name:	Title - Mr, Mrs, Ms, Miss	
		Last name or family name	
		First and Middle names	
		Date of Birth	DD / MM / YYYY
1	Application for	Provisional Lease	PART A
1	What is the	Title - Mr, Mrs, Ms, Miss	
	name of the tenant and the	Last name or family name	
	address of the property?	First and Middle names	
	property.	Unit/House number	Street /Avenue
		Town or Suburb	Postcode
2	What is your frelationship to the tenant?	Attach proof	Spouse or de facto partner Formal or informal carer of the children or young persons of the household
_	the tenant :		Other give details
3	What is the	Attach	Tenant moving/moved to nursing home
	reason for your application?	supporting documents	☐ Tenant moving/moved to institutionalised care
			Tenant sentenced or imprisoned for more than 3 months
			☐ Tenant has passed away
			Other give details
3a	What are the tenant's	Unit/House number	Street /Avenue
	new contact details?	Town or Suburb	Postcode
	acturis .	Phone	Mobile
		Email	
3b	When did, or wh	nen will, this Date take place ?	DD / MM / YYYY
4		living in this	☐ Yes ☐ No
	property now? If you are not currently living in the property you will need to attach documents that show why you need to live there		\downarrow when did you start living there? \downarrow give details of why you need to live there



Succession of Tenancy

PLEASE NOTE

If you are requesting a provisional lease ONLY, go to question R9 Appeal Consent on page 4.

If you are applying for Recognition as a Tenant complete all of Part B.

	Application for Succession as a control of the cont					PART E		
5	Do you or anyone on this application have any special housing requirements as a result of a medical condition, disability, child custody arrangements or other special circumstances? (for example, a need for an extra bedroom or a particular location, level access for a wheelchair user or modifications such as a grab rail) Attach proof.		□ ↓	Yes give details		□ No → go to 6		
6	Are you, or were you, a carer to the tenant?			Yes → go to 6a		6a Did you give up a social housing tenancy in order to live with the tenant?		
				No \longrightarrow go to 7		\square Yes \square No \longrightarrow go to 6b \downarrow give the address		
5b	Have you kept other accomodation that you			Yes				
	could live in now ?			No				
7	Are you the formal or informa carer of the children or young	Attach proof.		Yes → go to 7a		7a Is there any other accommodation available that you could use to provide		
	persons of the household, or in the process of applying?		\square No \longrightarrow go to 8		housing for the children or young persons			
7b	Have you tried to find alternative accommodation?	Attach proof.		Yes ☐ N	No ↓ go to 7c	☐ Yes ☐ No → go to 7b ↓ give details including any reasons why you can not live there		
- 7с	Consent regarding formal or i	nformal care o	f the	children or young	persons	of the household		
	If you are applying for recognition as a tenant because you are the formal or informal carer of the children or young persons living in the household, you must agree to live in the property to provide care for them for your application to be considered.							
	If, during the period of a provisional lease, formal or informal care is given to another person, or if your application for recognition as a tenant is unsuccessful, then you must agree to give up the tenancy.							
	 Declaration I agree to live in the property to provide care for the children, or young persons living in the household. 							
	 I agree to give up the tenancy if formal or informal care is given to another person during the period of a provisional lease or if my application for recognition as a tenant is unsuccessful. 							
	Full nam	ne (please prin	t)					
		Signatur	e	Χ				
		Date	۵	DD/MM/Y	YYY			



Succession of Tenancy

Agreement to relocate to another property

	You may be asked from THAC that you to move to another property that better suits your housing requirements as a condition of granting recognition as a tenant.				
	If you are applying for succession as a tenant you	must sign this declaration for y	our application to be considered.		
	Declaration	· II THAC			
	I agree that I will move to another property if rec	quested by THAC, as a conditi	on of granting me recognition as a tenant.		
	Full name (please print)				
	Signatura	X			
	Signature				
	Date	DD / MM / YYYY			
,	Appeal Consent				
	THAC will advise you in writing if your application for succession as a tenant is declined. At the same time THAC will advise that you have seven days to provide additional information to support a review of your application. If the decision is still the same after the internal review, THAC will automatically send your file to the Housing Appeals Committee for an independent review of the decision.				
	Declaration				
	· I understand that THAC will advise me in writing	g if my application for recognit	on as a tenant is declined.		
	 I understand that if this happens, I will have seve the decision by THAC. 	en days to provide additional i	nformation to support an internal review of		
	 I agree to THAC sending my file to the Housing declined after the internal review by THAC. 	Appeals Committee for an inc	dependent review, if my application is still		
	Full name (please print)				
	r un nume (preuse printy	V			
	Signature	^			
	Date	DD / MM / YYYY			
		Office Use Only			
	Tax File Number Cus	stomer Reference Number	Application Reference Number		
	File Updated Yes	s No	Date updated DD / MM / YYYY		

Staff initals

Date



Succession of Tenancy

10 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.

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 does not in any way make me eligible for separate accommodation in my own right.
- I authorise Tharawal Housing Aboriginal Corporation (THAC) to:
 confirm information provided by me with any third party and or any such third party to provide THAC any relevant
 documentation or information sought by THAC when determining or supporting this application.
- Use my personal information in order to process this application

Confirmation sent to client

Tenant's file updated

	it and are aged 16 years or over, sign here, once you have read and
understood the declaration statements.	
Full name (please print)	
Signature	X
Date	DD / MM / YYYY
Contact Number	
Declaration from Person Assisting You	
Is there another person helping you to fill out this form?	 Yes that person should □ No → read and sign the declaration below
 I filled in this form on the basis of the in I have read out the form and the answe I understand there are penalties for giving 	ers to the tenant who seemed to understand them.
Full name (please print)	
Signature	X
Date	DD / MM / YYYY
Contact Number	
	Office Use Only
A photocopy of each document attached	Yes Staff initals
Each photocopy signed and dated by the tenant	Yes No

Yes

Yes

No

No