

AFFORDABLE HOUSING LEASE REVIEW EXTENSION

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.

service delivery. Information wi		ition within our organization wh de bodies when legal required t		
Main Applicant Details:				
Surname:				
	Given Names:			
Date of Birth:				
Current Address:				
Suburb:				
Home Phone:				
Mobile Phone:				
Email:				
Centrelink Reference Number (CRN)				
Additional Househo	ld Members:	Must attached two	o types of Id for all _I	persons listed below
Surname	First Name	Relation to You	Date of Birth	Income Source

Provide Proof of Income for all household members over the age of 18 years

Household Income Details:

Name	Relationship	Wages per Wee	ek Centrelink per week
		\$	\$
		\$	\$
		\$	\$
		\$	\$



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Household Assets:			Prov	ride proof of assets liste
Name	Asset Type (eg car)	/cash/savings)	Value	
			\$	
			\$	
			\$	
			\$	
Household Debts:	Provide proof of repaymen	its records for the	e last six	weeks for all debts liste
Name	Debt Type	Amount	owing	Repayment amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$
Connection to Area: Do you still have a connection	to the area? If so please tic	k below most sui	table.	
☐ Employment	☐ Education			
☐ Family	☐ Long term	resident		
□ None	☐ Other			
Please provide details regardi	ng your connection to the a	rea		



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		Please attached	proof or supporting documentation
Housing Require	ements Review:		
How many b	pedrooms does your househol need		
,	nyone on your application hav ousing requirements which ma impact your housing needs	у	
property? V	any pets that will be kept at th Will the pet be keep inside you ease note not all properties ar approved to have animals	r e	
Length of Lease: Do you still have a ☐ 12 months	connection to the area? If so p		suitable.
☐ 3 years		☐ 2 years ☐ Exit no lease extension	
Additional Infor Do you have a dire		nd/or director of Thara	awal Housing Aboriginal Corporation
prior to this applica			
☐ Yes	□ No		
If yes, please provid	de details:		
Relationship	Name		Position



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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 willfully 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 authorise the 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.

Full Name (please print)				
Signature				
Date				
Contact Number				
Declaration from person assisting y	ou			
Is there another person helping you	☐ Yes	□No		
 I have read out the for and the 	sis of the information the applicant se ties for giving false or mislead	eemed to understar	nd them	

Full Name (please print)	
Signature	
Date	
Contact Number	