

# Application for Social Housing

A range of housing assistance is available to help Queenslanders with their housing needs. These include private market products, social housing, long term community housing and Indigenous Council community housing in discrete Indigenous communities.



## Important information:

Your eligibility for housing assistance will be assessed based on the information you detail and the supporting documentation you provide with this application. If your circumstances change at any time notify your local housing service centre within 28 days of the changes.



## Completing this form:

- Have you answered all the questions with a tick where there are Yes/No boxes – for example
- Provided supporting documentation including proof of income and assets for each person detailed within this application. For example, Centrelink Income Statements, payslips, Employers Declaration etc.
- Signed the declaration on the last page of this form
- Identification ready when you submit this application. You can submit witnessed copies of your identification if you are returning this application via mail
- Had your application form sighted and witnessed. Details of who can witness your application are detailed on the last page of this form.



For more information on housing assistance please call or visit your local Housing Service Centre. Alternatively, you can access information at [www.hpw.qld.gov.au](http://www.hpw.qld.gov.au) or download our 'Housing Assist Qld' mobile app from the Google Play, Microsoft or Apple App stores.

What is your first spoken language?

Do you need an interpreter?

Yes

No

If you speak in a language other than English, or have hearing difficulties, we can arrange for an interpreter to assist you. Please tick the below box if you would like us to arrange an interpreter for you.

Language interpreter

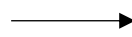
Spoken language?

Signing interpreter

**Do you need assistance when making decisions?** *This may be a person that assists you to make decisions, or someone who makes decisions on your behalf in relation to your personal, lifestyle and/or financial matters.*

No

Yes



**If yes, which of the following:**

Public Trustee

Public/Adult Guardian

Family, Friend/s or Advocate

Other

*If other, please provide details*

**What type of social housing would you like to apply for?**

**All social housing** – includes Public Housing, Community Housing and Aboriginal and Torres Strait Islander Housing

**Social housing** – includes Public Housing and Community Housing

**Social Housing on one of the 34 remote and discrete Indigenous communities in Qld**

## Household Contact Details

Name

Current address   
Postcode

Mailing address as above  or please detail below if different.

Postcode

Telephone Home  Work   
Mobile   
Email

Preferred contact method? *Please tick all that apply.*

Telephone  Letter  SMS  Email

### Alternative contact details

*Please provide the name and details of an alternative contact person the department could contact if they were unable to contact you directly. This may be a friend, relative or an organisation.*

Person/organisation

Address

Telephone Personal  Work

## Household member/s details

### Household member 1

<b>Relationship to Applicant:</b>	Primary Applicant		
<b>Alias:</b> <i>Any other names you may be known as</i>			
<b>Date of birth:</b>			
<b>Country of birth:</b>			
<b>Gender:</b>			
<b>Centrelink Reference Number (CRN):</b>			
<b>Department of Veteran Affairs (DVA) reference number:</b>			
<b>Do you identify as:</b> <i>Please tick all that apply</i>	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Australian South Sea Islander <input type="checkbox"/>
	Another cultural or linguistic background <input type="checkbox"/> details <input type="text"/>		
<b>Citizenship /Residency Details:</b>	Australian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Not a permanent resident <input type="checkbox"/>
	Other VISA <input type="checkbox"/> if yes, what type? <input type="text"/>		
<b>Are you expecting a child:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, expected due date: <input type="text"/>		
<b>Do you have a disability or medical condition:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	details <input type="text"/>
<b>Income:</b> <i>Amount and type (wages, pension, allowances, family payments, interest, superannuation)</i>	\$ <input type="text"/>	frequency <input type="text"/>	Type <input type="text"/>
	\$ <input type="text"/>	frequency <input type="text"/>	Type <input type="text"/>
<b>Assets:</b> <i>Managed investments, cash, deposits, property trusts, shares, bonds, debentures, superannuation- allocated pensions or lump sum payments, proceeds from property sale or share of property settlement</i>	\$ <input type="text"/>	Type <input type="text"/>	
	\$ <input type="text"/>	Type <input type="text"/>	
<b>Do you own or part own any property either in Australia or overseas:</b> <i>This could include residential, vacant land, industrial property, commercial property, live-abroad boat, cabin, donga, caravan or manufactured/ transportable home</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type: <input type="text"/>		
	Amount of Property owned e.g. 50%	Current value of property	Date of ownership
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Type of transport you use:</b>	Public transport <input type="checkbox"/>	Own transport <input type="checkbox"/>	Other (e.g. family and friends) <input type="checkbox"/>

## Household member 2

<b>Name:</b>				
<b>Alias:</b> <i>Any other names you may be known as</i>				
<b>Date of birth:</b>				
<b>Country of birth:</b>				
<b>Gender:</b>				
<b>Relationship to Applicant:</b> <i>Please tick one of the following</i>	<input type="checkbox"/> Joint Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Resident			
<b>Centrelink Reference Number (CRN):</b>				
<b>Department of Veteran Affairs (DVA) reference number:</b>				
<b>Do you identify as:</b> <i>Please tick all that apply</i>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Another cultural or linguistic background <input type="checkbox"/> details <input type="text"/>			
<b>Citizenship /Residency Details:</b>	Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a permanent resident <input type="checkbox"/> Other VISA <input type="checkbox"/> if yes, what type? <input type="text"/>			
<b>Are you expecting a child:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expected due date: <input type="text"/>			
<b>Do you have a disability or medical condition:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> details <input type="text"/>			
<b>Income:</b> <i>Amount and type (wages, pension, allowances, family payments, interest, superannuation)</i>	\$ <input type="text"/> frequency <input type="text"/> Type <input type="text"/> \$ <input type="text"/> frequency <input type="text"/> Type <input type="text"/>			
<b>Assets:</b> <i>Managed investments, cash, deposits, property trusts, shares, bonds, debentures, superannuation- allocated pensions or lump sum payments, proceeds from property sale or share of property settlement</i>	\$ <input type="text"/> Type <input type="text"/> \$ <input type="text"/> Type <input type="text"/>			
<b>Do you own or part own any property either in Australia or overseas:</b> <i>This could include residential, vacant land, industrial property, commercial property, live-abroad boat, cabin, donga, caravan or manufactured/ transportable home</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type: <input type="text"/> <table style="width:100%; border:none;"> <tr> <td style="text-align:center; width:33%;">           Amount of Property owned e.g. 50% <input type="text"/> </td> <td style="text-align:center; width:33%;">           Current value of property <input type="text"/> </td> <td style="text-align:center; width:33%;">           Date of ownership <input type="text"/> </td> </tr> </table>	Amount of Property owned e.g. 50% <input type="text"/>	Current value of property <input type="text"/>	Date of ownership <input type="text"/>
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<b>Type of transport you use:</b>	Public transport <input type="checkbox"/> Own transport <input type="checkbox"/> Other (e.g. family and friends) <input type="checkbox"/>			

### Household member 3

<b>Name:</b>			
<b>Alias:</b> <i>Any other names you may be known as</i>			
<b>Date of birth:</b>			
<b>Country of birth:</b>			
<b>Gender:</b>			
<b>Relationship to Applicant:</b> <i>Please tick one of the following</i>	<input type="checkbox"/> <b>Joint Applicant</b>	<input type="checkbox"/> <b>Spouse</b>	<input type="checkbox"/> <b>Dependent</b> <input type="checkbox"/> <b>Resident</b>
<b>Centrelink Reference Number (CRN):</b>			
<b>Department of Veteran Affairs (DVA) reference number:</b>			
<b>Do you identify as:</b> <i>Please tick all that apply</i>	Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Australian South Sea Islander <input type="checkbox"/>
	Another cultural or linguistic background <input type="checkbox"/> details <input type="text"/>		
<b>Citizenship /Residency Details:</b>	Australian Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Not a permanent resident <input type="checkbox"/>
	Other VISA <input type="checkbox"/> if yes, what type? <input type="text"/>		
<b>Are you expecting a child:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, expected due date: <input type="text"/>		
<b>Do you have a disability or medical condition:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	details <input type="text"/>
<b>Income:</b> <i>Amount and type (wages, pension, allowances, family payments, interest, superannuation)</i>	\$ <input type="text"/>	frequency <input type="text"/>	Type <input type="text"/>
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<b>Assets:</b> <i>Managed investments, cash, deposits, property trusts, shares, bonds, debentures, superannuation- allocated pensions or lump sum payments, proceeds from property sale or share of property settlement</i>	\$ <input type="text"/>	Type <input type="text"/>	
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	Amount of Property owned e.g. 50%	Current value of property	Date of ownership
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Type of transport you use:</b>	Public transport <input type="checkbox"/>	Own transport <input type="checkbox"/>	Other (e.g. family and friends) <input type="checkbox"/>

## Household member 4

<b>Name:</b>							
<b>Alias:</b> <i>Any other names you may be known as</i>							
<b>Date of birth:</b>							
<b>Country of birth:</b>							
<b>Gender:</b>							
<b>Relationship to Applicant:</b> <i>Please tick one of the following</i>	<input type="checkbox"/> Joint Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Resident						
<b>Centrelink Reference Number (CRN):</b>							
<b>Department of Veteran Affairs (DVA) reference number:</b>							
<b>Do you identify as:</b> <i>Please tick all that apply</i>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Australian South Sea Islander <input type="checkbox"/> Another cultural or linguistic background <input type="checkbox"/> details <input type="text"/>						
<b>Citizenship /Residency Details:</b>	Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a permanent resident <input type="checkbox"/> Other VISA <input type="checkbox"/> if yes, what type? <input type="text"/>						
<b>Are you expecting a child:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expected due date: <input type="text"/>						
<b>Do you have a disability or medical condition:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> details <input type="text"/>						
<b>Income:</b> <i>Amount and type (wages, pension, allowances, family payments, interest, superannuation)</i>	\$ <input type="text"/> frequency <input type="text"/> Type <input type="text"/> \$ <input type="text"/> frequency <input type="text"/> Type <input type="text"/>						
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<b>Do you own or part own any property either in Australia or overseas:</b> <i>This could include residential, vacant land, industrial property, commercial property, live-abroad boat, cabin, donga, caravan or manufactured/ transportable home</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type: <input type="text"/> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Amount of Property owned e.g. 50%</td> <td style="text-align: center; border: none;">Current value of property</td> <td style="text-align: center; border: none;">Date of ownership</td> </tr> <tr> <td style="text-align: center; border: none;"><input type="text"/></td> <td style="text-align: center; border: none;"><input type="text"/></td> <td style="text-align: center; border: none;"><input type="text"/></td> </tr> </table>	Amount of Property owned e.g. 50%	Current value of property	Date of ownership	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>					
<b>Type of transport you use:</b>	Public transport <input type="checkbox"/> Own transport <input type="checkbox"/> Other (e.g. family and friends) <input type="checkbox"/>						

**\*Note – if there are more than four household members please attach additional information when submitting this form.**

## Current Housing

Is everybody listed on this application currently living with you?

Yes

No

Is any person listed on this application expecting a child?

Yes

No

What best describes where the household is currently living?

## Your need to move

Do you need to move for any of the following reasons? - Please tick all that apply

You are experiencing or at risk of domestic and family violence

You are living on the street

You are being evicted or about to be evicted

You are living in crisis housing provided by a homelessness service

The boarding house you're living in is about to or has closed

You are a young person living in or exiting, or exited State care up to the age of 25

The safety of a child in your care is at risk

You are living in a long-term government medical/health facility or hospital and are ready to be discharged

You need to move to meet your disability support needs

You are in prison and are being released in the near future

You are a young person who is living in a Youth Detention Centre

You pay more than 30% of your gross household income in rent

You are staying temporarily with family and friends and have no other housing to go to

Your housing has been impacted by a natural disaster

You are a victim of major crime

Is your current housing location unsuitable for any of the following reasons? – Please tick all that apply

Too close in proximity to the perpetrator of domestic violence against you

Does not meet the conditions of a Court Order (e.g. Parole or Probation Order, Family Court Order, Domestic Violence Order, Child Protection Order)

Too far away from frequently required essential services, (accessible transport services, medical services, disability support services for daily living activities, transport services that meet household member mobility requirements)

Too far away from family and community support which impacts on the well-being of the household

Does not enable you to gain/maintain regular access/ custody to shared care of children

The location of your current housing does not enable access to a specialist educational facility

Too far away from education or training services

You are an Aboriginal and/ or Torres Strait Islander person and need to move for cultural reasons

Distance does not allow you to accept firm offer of permanent employment (min 20 hrs p/w)



## Your financial well-being

Have you another applicant listed on this application experienced any of the following?

- Multiple periods of unemployment
- Been long-term unemployed for a period of 12 months or more
- Been unable to work and have high levels of living expenses beyond normal living costs related to a long term/serious medical/health condition or permanent and/ or significant disability

## Your well-being

Have any of the following affected your ability to access stable housing?

- You are experiencing or at risk of violence, abuse or harassment from another person or community member
- You have been homeless living on the street on multiple occasions
- You or a household member have a long term serious medical/ health condition or illness
- You or a household member have a permanent and significant disability
- You have been evicted more than 2 times in the past 3 years for rent arrears, disruptive behaviour or property damage
- There is no or a limited number of appropriate properties to meet your needs, example size, location or features that you need

How much rent does the household currently pay per week?

Do you need disability/housing features for your home?

Yes  No

If yes, please provide details

Will the household accept housing with shared facilities?

Yes  No

*Note: Some housing may have shared living, bathroom and/ or kitchen facilities. If you accept an offer of housing which has shared facilities, you can choose to remain listed on the Housing Register for an offer of self-contained housing (e.g housing which has its own bathroom and kitchen)*

Do you currently have a pet/s?

Yes  No

If yes, please provide details

Where do you want to live?

Area 1

Area 2

Area 3

Area 4

Area 5

Area 6

**Note:** You will be offered housing from any of the area/s listed for.

**What types of housing do you want to apply for?** *More than one housing type can be applied for.*

- Townhouses** – have three or more units next to each other with one to four bedrooms each, divided by common walls. These can either be single or double- storey and usually have small fenced yards.
- Apartment/ flat/ unit** – is usually in a complex of two or more storeys with one to three bedrooms each. They do not have a separate yard.
- Detached houses** – one house with two or more bedrooms on its own block of land.
- Duplexes** – usually two units with one to three bedrooms, each on a block of land, divided by a common wall. These may be in groups of two to four.
- Cluster housing** – is a number of separate homes with two or four bedrooms each, located within a housing development.
- Senior units** – are only available to applicants over 55 years of age and are usually in a complex of one or two storeys with one to two bedrooms each.
- Dual Occupancy** - two detached houses that are on one lot plan, sometimes with a shared driveway

**Note:** We will make every effort to offer the type of housing that you have chosen and are eligible for. However, this cannot be guaranteed. **Housing with four or more bedrooms is limited.**

**Additional information you would like to provide:**

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**Personal Information Privacy Notice**

The Department of Housing and Public Works is collecting personal information on this form to provide you with housing assistance or assess grant funding applications. This is authorised by the *Housing Act 2003*. To assist you with your housing needs and services, relevant personal information may, in very limited and specific circumstances, be disclosed to: partner agencies, service providers, agencies authorised by legislative provisions, and local governments and non-governmental agencies that now, or will provide you with housing and/ or support services. Limited personal information may be used for housing related research, policy or planning functions. Unless authorised or required by law, your personal information will not be passed on to any other third part without your consent. More information about the department's privacy policy is available on our website at [www.hpw.qld.gov.au](http://www.hpw.qld.gov.au).

## Declaration, Acknowledgement and Consent

### I understand:

- the instructions given on this form and acknowledge the Privacy Notice above
- the information on this form will be used by the Department of Housing and Public Works to register my application for social housing, providing I am eligible for it
- my personal information may be given to government and non-government organisations to provide me with housing and/or support services
- as the applicant/s, I must advise the department if my circumstances and those of any household members listed on the application change in a way that is relevant to my application for social housing
- that I may become ineligible for housing assistance if changes occur to any of my, or members of my household's circumstances and/or incomes and/or assets detailed in this application

Upon submitting my application, I understand that I have to provide at least one item from both the primary and secondary identification lists below as proof of my identity. One of which must show a Queensland address, the applicant's signature and date of birth.

#### Primary

- Full birth certificate or extract of birth certificate
- Passport
- Driver's licence with photograph
- 18 plus card with photograph
- Queensland shooter's licence with photograph
- Immigration papers or other documents issued by the Commonwealth Department of Immigration, Multicultural and Indigenous Affairs
- Naturalisation or citizenship certificate

#### Secondary

- Bank, credit card or ATM card with your signature
- Recent bank statements, bank book, credit union or building society statement showing recent transactions
- Apprenticeship indenture papers
- Other recognised photographic I.D. (e.g. security identification, Cash Converters Card)
- Original Australian marriage certificate or divorce papers
- Life insurance policies
- Occupational registration documents
- Taxation Assessment Notice
- Pensioner Health Benefit Card or Centrelink's Customer Reference Number (CRN) on their official document or correspondence
- Medicare Card
- Student Card with photograph

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I understand that I will commit an offence and be liable to a penalty under the *Housing Act 2003* if I knowingly provide to the Department of Housing and Public Works false or misleading information that may influence decisions about my eligibility for housing services and may make my application invalid.

<b>Name of applicant/s</b>	<input type="text"/>	<input type="text"/>	<b>Date</b>	<input type="text"/>	
<b>Signed by the applicant/s</b>	<input type="text"/>	<input type="text"/>	<b>Date</b>	<input type="text"/>	
<b>Full name of witness</b>	<input type="text"/>	<b>Position</b>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>			<b>Date</b>	<input type="text"/>

*The witness must be either a Justice of the Peace/ Commissioner for Declarations, a Solicitor, an officer of the Department of Housing and Public Works, Corrective Service Officer, a current employee of another government department or agency, a registered community housing provider or and officer of a Queensland Government Service Centre. The witness must also sight two of the identification items for each applicant.*