

Application No.

*Housing assistance application  
pursuant to the Housing Act 2003*

# Application for Social Housing

A range of housing assistance options are available to help Queenslanders with their housing needs. Options include private housing products, public housing, community housing, Aboriginal and Torres Strait Islander housing and referrals to support services.

This application collects essential information to assess your eligibility for the Public Housing, Community Housing, Aboriginal and Torres Strait Islander Housing and Indigenous Council Housing Programs.



## Important information

Your eligibility for housing assistance will be assessed based on the information and the supporting documentation you provide with this application.

***If your circumstances change at any time, please notify your local Housing Service Centre within 28 days of the changes.***



## Completing this application – have you:

- Answered all the questions with a tick where there are  Yes/No boxes?
- Collected supporting evidence including proof of income and assets for each household member listed on this application?
- Read and signed the declaration and consent on the last page?
- Had this application signed by a witness on the last page?  
A Housing Service Centre officer can witness this application if you are submitting it in person.
- Got your identification ready for when you submit this application?  
Alternatively, you can attach witnessed copies of your identification evidence if you are returning this application via post.



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



**Queensland  
Government**

## Application Assistance

What is your first spoken language?

Do you need an interpreter? If you speak in a language other than English, or have hearing difficulties, we can arrange for an interpreter to assist you.

Which interpreter do you require?  Language, provide details:

Signing

Do you need assistance when making decisions?

Yes  No

*This may be a person that helps you to make decisions, or someone who makes decisions on your behalf about your personal, lifestyle or financial matters.*

If yes, which of the following.

Public Trustee

Family, Friend or Advocate

Office of the Public Guardian

Power of Attorney

Other, provide details:

What type of housing would you like to apply for?

*Tick all that apply.*

Social housing –  
(Public housing and  
community housing)

Housing in remote Aboriginal  
and Torres Strait Islander  
communities

## Household Contact Details

Full name:

Preferred contact method?  Email  Letter  Telephone  SMS

*Tick all that apply.*

Current address:

Mailing address:  As above

If different, detail below.

Telephone:

Home:

Mobile:

Work:

Email:

Alternative contact details?

*Provide details of a person the department can contact if we are unable to contact you directly. This may be a friend, relative or an organisation.*

Name:

Address:

Telephone:

Home:

Work:

Mobile:

## Applicant details

*Note: If more than four household members, complete and attach 'Additional household member' forms before submitting this application.*

**Primary applicant's full name:**

**Alias:**

*Any other name you may be known as.*

**Gender:**  **Date of birth:**  **Country of birth:**

**Do you identify as:**  Aboriginal  Australian South Sea Islander  
*Tick all that apply.*  Torres Strait Islander  Other cultural or linguistic background  None

**Centrelink reference number (CRN):**

**Department of Veteran Affairs reference number (DVA):**

**Citizenship/Residency details:**  Australian citizen  Permanent resident  
 Not permanent resident  Visa - what type?

**Are you expecting a child?**  Yes  No  
 If yes, expected due date:

**Do you have a medical condition or disability?**  Yes  No  
 If yes, provide details:

**What is your income?** \$  Frequency:  Type:   
*Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).* \$  Frequency:  Type:

**What are your assets?** \$  Type:   
*Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.* \$  Type:

**Do you own/part own property in Australia or overseas?**  Yes  No  
*This includes residential property, vacant land, industrial property, commercial property, a live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.* If yes, what type:

Address:

% of property owned:

Current property value:

Ownership date:

**What type of transport do you use?**  Public  Own  Other (family and friends)

**Household member 1** Applicant Household member*Note: Applicants are people who will sign the tenancy agreement.*What is your relationship with the primary applicant? Full name: Alias: *Any other name you may be known as.*Gender: Date of birth: Country of birth: Do you identify as:  Aboriginal Australian South Sea Islander*Tick all that apply.* Torres Strait Islander Other cultural or linguistic background NoneCentrelink reference number (CRN): Department of Veteran Affairs reference number (DVA): Citizenship/Residency details:  Australian citizen Permanent resident Not permanent resident Visa - what type? 

Are you expecting a child?

 Yes  NoIf yes, expected due date: 

Do you have a medical condition or disability?

 Yes  NoIf yes, provide details: 

What is your income?

*Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).*\$  Frequency:  Type: \$  Frequency:  Type: 

What are your assets?

*Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.*\$  Type: \$  Type: 

Do you own/part own property in Australia or overseas?

 Yes  No*This includes residential property, vacant land, industrial property, commercial property, a live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.*If yes, what type: Address: % of property owned: Current property value: Ownership date: 

What type of transport do you use?

 Public  Own  Other (family and friends)

**Household member 2** Applicant Household member*Note: Applicants are people who will sign the tenancy agreement.*What is your relationship with the primary applicant? Full name: Alias: *Any other name you may be known as.*Gender: Date of birth: Country of birth: 

Do you identify as:

 Aboriginal Australian South Sea Islander*Tick all that apply.* Torres Strait Islander Other cultural or linguistic background NoneCentrelink reference number (CRN): Department of Veteran Affairs reference number (DVA): 

Citizenship/Residency details:

 Australian citizen Permanent resident Not permanent resident Visa - what type? 

Are you expecting a child?

 Yes NoIf yes, expected due date: 

Do you have a medical condition or disability?

 Yes NoIf yes, provide details: 

What is your income?

\$ Frequency: Type: *Gross amount and type (wages, pension, allowances, family payments, interest, superannuation).*\$ Frequency: Type: 

What are your assets?

\$ Type: *Savings, investments, cash deposits, property trusts, shares, bonds, debentures, superannuation - allocated pension or lump sum payments, share from property sale or settlement.*\$ Type: 

Do you own/part own property in Australia or overseas?

 Yes No*This includes residential property, vacant land, industrial property, commercial property, a live-aboard boat, cabin, donga, caravan, or manufactured/transportable home.*If yes, what type: Address: % of property owned: Current property value: Ownership date: 

What type of transport do you use?

 Public Own Other (family and friends)

**Household member 3**

Applicant

Household  
member*Note: Applicants are people who will sign  
the tenancy agreement.*

What is your relationship with the primary applicant?

Full name:

Alias:

*Any other name you may be known as.*

Gender:

Date of birth:

Country of birth:

Do you identify as:

Aboriginal

Australian South Sea Islander

*Tick all that apply.*

Torres Strait Islander

Other cultural or linguistic background

None

Centrelink reference number (CRN):

Department of Veteran Affairs reference number (DVA):

Citizenship/Residency details:

Australian citizen

Permanent resident

Not permanent resident

Visa - what type?

Are you expecting a child?

Yes

No

If yes, expected due date:

Do you have a medical  
condition or disability?

Yes

No

If yes, please provide details:

What is your income?

\$

Frequency:

Type:

*Gross amount and type (wages,  
pension, allowances, family  
payments, interest, superannuation).*

\$

Frequency:

Type:

What are your assets?

\$

Type:

*Savings, investments, cash deposits,  
property trusts, shares, bonds,  
debentures, superannuation - allocated  
pension or lump sum payments, share  
from property sale or settlement.*

\$

Type:

Do you own/part own property  
in Australia or overseas?

Yes

No

*This includes residential property,  
vacant land, industrial property,  
commercial property, a live-aboard  
boat, cabin, donga, caravan, or  
manufactured/ transportable home.*

If yes, what type:

Address:

% of property owned:

Current property value:

Ownership date:

What type of transport do  
you use?

Public

Own

Other (family and friends)

## Your need to move

### Does your household need to move for any of the following reasons?

*Tick all that apply.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> You are experiencing domestic and family violence   | <input type="checkbox"/> You are a young person in, exiting or has exited a Youth Detention Centre                    | <input type="checkbox"/> You need to meet your or a household member's disability support needs                      |
| <input type="checkbox"/> You are experiencing sexual violence (outside of domestic and family violence)  | <input type="checkbox"/> You are in crisis housing provided by a homelessness service                                 | <input type="checkbox"/> You are a long-term patient in a hospital or health facility and are ready to be discharged |
| <input type="checkbox"/> You are experiencing safety concerns related to violence, stalking, abuse (physical, emotional, financial), or harassment other than domestic, family or sexual violence from another person in your household or community | <input type="checkbox"/> You are staying temporarily with family and/or friends and have no other housing to go to    | <input type="checkbox"/> You are experiencing a family or relationship breakdown                                     |
| <input type="checkbox"/> The safety of a child in your care is at risk   | <input type="checkbox"/> You are living on the street, in a car or park, makeshift shelter or illegal building        | <input type="checkbox"/> You pay more than 30% of your gross household income in rent                                |
| <input type="checkbox"/> You are in or have just been released from prison   | <input type="checkbox"/> You are living in a boarding house, caravan park or hostel that has or is about to be closed | <input type="checkbox"/> Your housing has been impacted by a natural disaster  |
| <input type="checkbox"/> You are a young person (under 25 years old) currently in, exiting or has exited State care  | <input type="checkbox"/> You are being evicted or about to be evicted   | <input type="checkbox"/> You are a victim of a major crime that was committed in Queensland                          |

### Is your current housing location unsuitable for any of the following reasons?

*Tick all that apply.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Too close in proximity to the perpetrator of domestic, family, or sexual violence against you   | <input type="checkbox"/> Too far away from education or training services  | <input type="checkbox"/> Does not enable family reunification   |
| <input type="checkbox"/> Does not meet the conditions of a Court Order, Parole or Probation Order, Family Court Order, Domestic Violence Order, Child Protection Order | <input type="checkbox"/> Too far away from frequently required essential services – transport, medical, disability support for daily activities, transport to meet mobility requirements | <input type="checkbox"/> Does not enable you to gain or maintain regular access or custody to shared care of children |
| <input type="checkbox"/> Too far away from family and community support which impacts on the wellbeing of the household  | <input type="checkbox"/> Distance does not allow you to accept a firm offer of employment – minimum 20 hours per week  | <input type="checkbox"/> You are an Aboriginal or Torres Strait Islander person and need to move for cultural reasons |

### Is your current housing unsuitable for any of the following reasons?

*Tick all that apply.*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Design restricts daily living activities – bathing, mobility, or seriously aggravates a medical condition or disability | <input type="checkbox"/> Size is too small resulting in overcrowding | <input type="checkbox"/> Health and safety issues due to lack of essential facilities or poor structural conditions |
|--|--|---|

*Note: Co-applicants need to have their individual current housing deemed unsuitable to be eligible for social housing.*

How much rent does your household currently pay per week?

Is everybody listed on this application currently living with you?  Yes  No

What type of accommodation is your household currently living in?

*For example, private rental, own home, caravan, boarding house, temporary housing, living with family or friends.*

## Your financial wellbeing

Do any of the following apply to you or another person in your household?

*Tick all that apply.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Unable to work and have high levels of living expenses beyond normal living costs related to your or a household member's long-term or serious medical condition, or permanent and/or significant disability | <input type="checkbox"/> Multiple periods of unemployment | <input type="checkbox"/> Currently employed – |
|   | <input type="checkbox"/> Long-term unemployment           | <input type="checkbox"/> Part-time            |
|   |   | <input type="checkbox"/> Full-time            |
|   |   | <input type="checkbox"/> Casual               |

## Your wellbeing

Have any of the following affected you or your household's ability to access stable housing?

*Tick all that apply.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> You or a household member have a permanent and significant disability  | <input type="checkbox"/> Multiple unsuccessful private rental applications  | <input type="checkbox"/> You have a history of homelessness   |
| <input type="checkbox"/> You or a household member have a long-term or serious medical condition  | <input type="checkbox"/> A limited number of or no suitable properties to meet needs - size, location or features   | <input type="checkbox"/> Your safety is at risk from domestic, family, or sexual violence                             |
| <input type="checkbox"/> You are experiencing safety concerns related to risk of violence, stalking, abuse, or harassment (other than domestic family and sexual violence) from another person in your household or community | <input type="checkbox"/> You have been evicted multiple times in the past three years for rent arrears, disruptive behaviour, relationship breakdown or property damage | <input type="checkbox"/> You are a young person at risk who requires a tailored response on your path to independence |
|   |   | <input type="checkbox"/> There is an immediate and ongoing risk to the safety of a child in your care                 |

## Your future housing

### Where do you want to live? Please list six areas.

*You may be offered housing from any of the areas listed below.*

Area 1:

Area 4:

Area 2:

Area 5:

Area 3:

Area 6:

### What types of housing do you want to apply for?

*More than one housing type can be applied for. 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.*

**Townhouses** have three or more units next to each other with one to four bedrooms each, divided by common walls. These can be single or double storey and usually have small fenced yards.

**Cluster housing** is several separate homes with two to four bedrooms each, located within a housing development.

**Apartments/flats/units** are usually a complex of two or more storeys that may be studio style or have up to three bedrooms. These do not have a separate yard.

**Seniors' 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.

**Detached houses** are one house with two or more bedrooms on its own block of land.

**Dual Occupancy** are two detached houses that are on one block of land, sometimes with a shared driveway.

**Duplexes** are 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.

### Do you need modifications to your home to help with daily living activities due to a disability or medical condition?

Yes  No

If yes, provide details:

### Will you accept housing with shared facilities?

Yes  No

*Living, bathroom or kitchen facilities may be shared. If you accept an offer which has shared facilities, you can choose to remain listed on the housing register for housing which has its own facilities.*

### Do you have any pets?

Yes  No

If yes, provide details:

### Is there any additional information you would like to provide?

*Attach another page if necessary.*

## Evidence for your application

All evidence to support your application must be provided before an assessment can be completed.

### Attach evidence about your need to move and your housing needs, for example:

- Documentation supporting your reasons for needing to move
- For anyone who has a medical condition or disability – completed 'Medical Report' form (PH068)
- A completed 'Support Statement' form (PH076) about your wellbeing
- Decision-making – Public Trustee, Guardian, Power of Attorney documentation

### Attach evidence about your income and assets

- Income – Centrelink income statements, payslips, employer's declaration/s  
Household members over 16 years receiving Centrelink payments can give consent for the department to obtain their income and assets details electronically from Centrelink.
- Assets – quarterly bank statements and documents showing details of all assets and their current valuation
- Property ownership – title deed, mortgage documents, contract of sale

Some income, medical and referral forms are available at [www.qld.gov.au/housing](http://www.qld.gov.au/housing) or please call or visit your local Housing Service Centre for forms or advice.

### What identification evidence can you and the other applicants provide?

Please tick all that apply.

Primary	Secondary
<input type="checkbox"/> Australian Birth Certificate or extract	<input type="checkbox"/> Bank, credit or ATM card with your signature
<input type="checkbox"/> Australian Naturalisation or Citizenship Certificate	<input type="checkbox"/> Bank, credit union or building society statements
<input type="checkbox"/> Australian Permanent Residency Certificate or stamp	<input type="checkbox"/> Centrelink correspondence with CRN
<input type="checkbox"/> Immicard, Immigration or sponsorship papers	<input type="checkbox"/> Medicare Card
<input type="checkbox"/> Temporary Protection Visa or stamp	<input type="checkbox"/> Health Care Card
<input type="checkbox"/> Australian Passport	<input type="checkbox"/> Seniors/Pensioner Card
<input type="checkbox"/> Australian Driver licence	<input type="checkbox"/> Taxation Assessment Notice
<input type="checkbox"/> Photograph identification card (Queensland Transport)	<input type="checkbox"/> Australian Marriage Certificate
<input type="checkbox"/> Adult Proof of Age Card until expiry (Queensland Transport)	<input type="checkbox"/> Australian divorce papers
<input type="checkbox"/> 18+ card until expiry (Queensland Transport)	<input type="checkbox"/> Life Insurance policies
<input type="checkbox"/> Keypass Card	<input type="checkbox"/> Other photographic identification such as security identification, cash converters card
<input type="checkbox"/> Queensland Corrective Services verification	

## Declaration and consent

### Personal Information Privacy Notice

The Department of Housing 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 party without your consent. More information about the department's privacy policy is available on our website at [www.housing.qld.gov.au](http://www.housing.qld.gov.au).

I understand:

- the instructions given on this form and agree to the above Privacy Notice
- the information on this form will be used by the Department of Housing to register my application for housing assistance, providing I am eligible
- my personal information may be given to government and non-government organisations to provide me with housing and/or support services
- that as the applicant/s, I must advise the department if any circumstances change regarding any household members listed in and that is relevant to this application
- that I may become ineligible for housing assistance if changes occur to my or my household's circumstances, incomes and/or assets
- upon submitting this application, I must provide at least one item from the primary and secondary identification evidence list above as proof of my identity, one of which, for each applicant, must show a Queensland address, signature and date of birth.

To the best of my knowledge, the information provided on and in conjunction with this application 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 false or misleading information that may influence decisions about my eligibility for housing assistance and may make my application invalid.

**Applicant name:**

**Applicant name:**

**Signed:**

**Signed:**

**Date:**

**Date:**

I am a Department of Housing employee / registered community housing provider employee / Corrective Services officer / Justice of the Peace / Commissioner for Declarations / Solicitor.

I have witnessed the above signatures and sighted two of the listed identification evidence items for each applicant.

**Witness name:**

**Position:**

**Signed:**

**Organisation:**