

Confirmation of Aboriginality Local Aboriginal Land Council

Please print in BLOCK LETTERS with a black or blue pen



Use this form if you are a member of a Local Aboriginal Land Council. Include your details in section 1 of the form and then ask the Chief Executive Officer and Chairperson of the Land Council to confirm your membership by filling in section 2. Return the completed form to your housing provider.

Note: if you are not a member of a Local Aboriginal Land Council, see item 2 on the *Evidence Requirements Information Sheet* for details about what you should do next.

Section 1 – to be completed by the person applying for confirmation

Your details

Title	<input type="text"/>		
Mr, Mrs, Ms, Miss			
Last name or family name	<input type="text"/>		
Given name (s)	<input type="text"/>		
Unit/House number	<input type="text"/>		
Street/Avenue	<input type="text"/>		
Town /Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Signature	<input type="text"/>		
Date	<input type="text" value="DD / MM / YYYY"/>		

Section 2 – to be completed by office bearers of the Local Aboriginal Land Council within the meaning of the Aboriginal Land Rights Act 1983 (NSW)

Please fill in the gaps in the statement below and ask the Chief Executive Officer and the Chairperson to sign in the

We, as the below mentioned office bearers of the _____
(insert name of the Local Aboriginal Land Council)

confirm that _____ is a member of this Local
(insert name of the person)

Aboriginal Land Council and:

- is of Aboriginal or Torres Strait Islander descent; and
- identifies as Aboriginal or Torres Strait Islander; and
- is recognised as Aboriginal or Torres Strait Islander by the _____
community where he or she lives now or did live. (insert name of community)

Chief Executive Officer's name (please print)

Signature



Date

DD / MM / YYYY

Chairperson's name (please print)

Signature



Date

DD / MM / YYYY

Office Use Only

T File number

Client reference number

Application reference number

Name of social housing provider

Received date:

DD / MM / YYYY

Name of the officer (please print)

Position

Signature

Date

DD / MM / YYYY