


Private Rental Subsidy Review & Change of Circumstances

This form is to be completed by a person who is receiving a Private Rental Subsidy payment to advise of a change of household circumstances, or when Family and Community Services (FACS) conducts a review. Please use BLOCK LETTERS and print in black or blue pen only. Please mark relevant boxes with a . If you need more room to answer any section, please include details on a separate page and attach it to this form. For information or assistance with this form, phone 1800 422 322, 24 hours a day, 7 days a week. Questions that we need evidence for are marked with . See the *Evidence Requirements Information Sheet* for details.

T File number	Client reference number	Application reference number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please complete the table below about you and each person included in your Private Rental Subsidy application. Remember to put your details first. You must record the income details for all people aged 18 years and over included in your application. If you receive a Centrelink benefit, include your details on the Income Confirmation Scheme (ICS) Consent Authority on page 7 of this form or on a separate community housing income confirmation form. By signing this ICS Authority you give permission for FACS to contact Centrelink to check your income and you will not need to provide any further evidence of your Centrelink payment. An Employment Income Details form is to be completed for household members who receive casual, part time or full time wages.

Name	Sex M/F	Date of birth	Relationship to applicant	Type of income	Amount of income	Assets (for example - savings)
		DD / MM / YYYY	Self		\$	
		DD / MM / YYYY			\$	
		DD / MM / YYYY			\$	
		DD / MM / YYYY			\$	
		DD / MM / YYYY			\$	
		DD / MM / YYYY			\$	
		DD / MM / YYYY			\$	

1. Address of the property you are currently renting


Unit/House number	<input style="width: 100%;" type="text"/>	Street/Avenue	<input style="width: 100%;" type="text"/>
Town/Suburb	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>

1a. Contact details

Note: Social housing providers may use any of the contact details you provide.

Phone	<input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>		

1b. Is your mailing/contact address the same as your residential address?

	<input type="checkbox"/>	Yes → Go to 1c.	<input type="checkbox"/>	No give details
Unit/House number				
Street/Avenue	<input style="width: 100%;" type="text"/>			
Town/Suburb	<input style="width: 100%;" type="text"/>	Postcode	<input style="width: 100%;" type="text"/>	

1c. Who should we contact about your application?

Contact me directly

Contact a third party
(for example, a support worker, advocate, friend or relative)



You will need to complete the *General Consent to Exchange Information & Authority to Act on Client's Behalf* form which can be downloaded from www.housingpathways.nsw.gov.au.

2. Please provide the name and address of your landlord or real estate agent

Name

Unit/House number Street/Avenue

Town/Suburb Postcode

Phone

3. What type of accommodation are you currently renting?

Apartment / Unit House

Boarding house Townhouse

Other
↓
give details

4. How many bedrooms are included in your current accommodation?

1 2

3 4

More

5. How much is the weekly rent for the property?

\$

6. Are you sharing your current accommodation with someone who is not included on your application for housing?

Yes No

↓
how much is your share of the weekly rent

\$

7. Does your lease have an end date?

Yes No

↓
date

8. Do you or anyone on your application own (or part own) any residential or commercial property or land? (including any properties overseas)

Yes No

↓
give details



Attach proof. See item 7 on the *Evidence Requirements Information Sheet* for details.

9. Do you currently require a carer? Yes No → Go to 10.
- 9a. Is the person living with you? Yes No
- 9b. Is this care through a rotational scheme? Yes No

10. Do you or anyone on this application require access to a specific service or school because of a medical condition or disability? Yes give details No → Go to 11.



Attach documents that support your answer. See item 17 on the *Evidence Requirements Information Sheet* for details.

Name of person requiring access to the school or service
Which school/service?

Family Name First Name

For what reason?

For how long will it be required?

11. Do you or anyone on this application receive ongoing support from an organisation, program or a person? (for example, from NDIS, HASI, a carer, etc.) Yes give details No → Go to 12.



Attach proof, or give your consent for information to be exchanged with your support provider. See item 18 on the *Evidence Requirements Information Sheet* for details.

Name of person receiving support

Family Name First Name

Name of organisation or program providing support (if relevant)

Name of support worker or person

Family Name First Name

Contact phone number

Email

12. Would you like to change your housing preferences or housing requirements? Yes No → Go to 13.

12a. What type of social housing do you prefer?

Mark one only.

- All available social housing options (this includes public, Aboriginal and community housing managed by any Housing Pathways social housing provider)
- Public housing only (this includes public and Aboriginal housing managed by FACS)
- Community housing only (this includes community and Aboriginal housing managed by any Housing Pathways community housing provider)

Note: Housing Pathways social housing providers may use your details from the NSW Housing Register to make you an offer of affordable housing. They may also give your details to another social housing provider so they can make you an offer of social housing. For more information see the *Matching and Offering a Property to a Client Policy* at www.housingpathways.nsw.gov.au.

12b. Where would you prefer to live?

Allocation Zone

Note: An allocation zone is a group of areas or towns where social housing is available. Some allocation zones have longer waiting times than others. For more information regarding allocation zones and expected waiting times go to www.housingpathways.nsw.gov.au.

12c. Do you wish to be considered for any of the following?

Aboriginal housing?

Note: Aboriginal housing includes properties which are specifically for Aboriginal people and are managed by FACS or community housing providers, including Aboriginal community housing providers.

This question only applies if you or a household member is Aboriginal or Torres Strait Islander.



To apply for Aboriginal housing, Aboriginality needs to be confirmed. See item 3 on the *Evidence Requirements Information Sheet* for details.

A Senior Communities property

Note: These properties are in complexes that are specifically for older people. To be eligible, you must be either: a single applicant aged 55 years and over, or an Aboriginal and/or Torres Strait Islander aged 45 years and over; or part of a two person adult household where at least one person is 55 years and over or an Aboriginal and/or Torres Strait Islander aged 45 years and over.

12d. You may be offered a unit in a highrise building. Do you have any of the following reasons why you could NOT live in a highrise unit?

Medical condition or disability

Child or young person at risk

Note: A highrise building has more than seven floors and lift access to all floors. For further information see the *Social Housing Eligibility and Allocations Policy Supplement* at www.housingpathways.nsw.gov.au.



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

12e. If you want offers of community housing will you accept an offer of a highrise unit?

Yes

No

12f. If you are a single person household you may be offered a unit with a combined bedroom and lounge room (studio unit). Do you have any of the following reasons why you could NOT live in a studio unit?

Medical condition or disability

Require a carer

I am not a single person



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

12g. If you want offers of community housing will you accept an offer of a studio unit?

Yes

No

12h. Do you or anyone on this application have difficulty climbing stairs?

Yes give details

No → Go to 13.

Note: There is a longer waiting time for properties with no steps because of the limited number of these properties.

Name of person

Family Name First Name

Please mark the box with the maximum number of steps this person can cope with

0

1-2

3-5

6 or more



Attach proof. See item 22 on the *Evidence Requirements Information Sheet* for details.

13. Details of any other changes not already covered in this form

Yes give details

No → Go to 14.

Empty text box for details of changes.

14. Appeal Consent

If after the review of your household circumstances, it is determined that you are no longer eligible for Private Rental Subsidy assistance, FACS will conduct an internal review. If our decision is still the same after the internal review, we will automatically send your file to the Housing Appeals Committee for an independent review of the decision.

Declaration

- I understand that FACS will advise me in writing if I am not longer eligible for the subsidy.
- I understand that if this happens, FACS will conduct an internal review.
- I agree to FACS sending my file to the Housing Appeals Committee for an independent review, if I am not longer eligible for the subsidy after the internal review by FACS.

Full name (please print)

Text input field for full name.

Signature

Text input field for signature with an 'X' watermark.

Date

Text input field for date in DD/MM/YYYY format.

15. FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (FACS) which includes the following entities: the Land and Housing Corporation and the Aboriginal Housing Office. FACS and its related entities comply with NSW privacy legislation when collecting and managing personal and health information. The information we collect from you or from an authorised third party will be held by FACS or the entity that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within FACS as a whole to plan, coordinate and improve the way we provide services. FACS is also legally authorised to disclose information to outside bodies in certain circumstances.

Further information about your privacy rights can be found on the Department's website: www.facs.nsw.gov.au/site_information/privacy or by calling: 02 9377 6000.

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. FACS may also collect information from your former social housing landlord or their agent (if you have one), including information about any debt.

Declaration

- I understand the instructions given on this application.
- To the best of my knowledge, the information provided in this application is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this information is used by all social housing providers (public, community and Aboriginal housing).
- I understand and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>

16. Is there another person helping you to fill out this form?

Yes No
that person should read and sign the declaration below

Declaration from the person assisting or completing this application on behalf of the applicant

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
First and middle name(s)	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YYYY"/>
Phone	<input type="text"/>

Income Confirmation Scheme Consent Authority

If you or anyone on this application wish to participate in the Centrelink Income Confirmation Scheme please complete the consent form below.

This consent will be used for the sole purpose of authorising Centrelink to provide information to the Department of Family and Community Services (FACS) to assess your eligibility for concessions or services provided by FACS.

If you do not want Centrelink to provide your information electronically to FACS, you will need to obtain the information required from Centrelink yourself and provide it to FACS.

Please read and sign the consent and the declaration below:

- I authorise the Department of Family and Community Services (FACS) to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details and concession card status in order for FACS to determine if I qualify for a concession, rebate or service.
- I authorise the Australian Government Department of Human Services to provide the results of that enquiry to FACS.
- I understand that the Department of Human Services will use information I have provided to FACS to confirm my eligibility for concessions, rebates or services and will disclose to FACS my personal information including my name, address, concession card status, payment type, payment status, income, assets, one-off payments, deductions and shared care arrangements.
- I understand that this consent, once signed, remains valid while I am a customer of FACS unless I withdraw it by contacting FACS or the Department of Human Services.
- I understand that I can obtain proof of my circumstances/details from the Department of Human Services and provide it to FACS so that my eligibility for concessions, rebates or services can be determined.
- I understand that if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concessions, rebates or services provided by FACS.

Family name	Given name(s)	Date of birth	Centrelink Customer Reference Number	Signature	Date
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY
		DD/MM/YYYY			DD/MM/YYYY

More information about Centrelink Confirmation eServices is available from Centrelink or on Centrelink’s website at www.humanservices.gov.au.

Interpreting Services

If you need help with interpreting or translation because English is not your first language, phone the *All Graduates Interpreting and Translating Service* on 1300 652 488. They will phone the social housing provider and interpret for you for free.