



# Rent Subsidy Application

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a tenant of the Department of Family and Community Services (FACS) who is unable to afford to pay the market rent for their dwelling. For information or assistance with this form, phone **1300 468 746**, 24 hours a day, seven days a week.

Please mark relevant boxes with a ☒. All questions must be answered. If you need more room to answer any questions, please include details on a separate page and attach it to this form.

## Providing proof of income

- If a person participates in the Income Confirmation Scheme (ICS) we will accept Centrelink's advice about their Centrelink benefit or allowance. For any income in addition to their Centrelink benefit or allowance (e.g. Wages, shares) they **must** provide proof of the additional income.
- If a person does not participate in the Income Confirmation Scheme (ICS) they must provide proof of **all income** they receive.

**Proof of income must be provided for each person who receives an income and for every person over 18 years old. This proof of income can include:**

Source of income	Proof of Income
Centrelink	The latest Income Statement
Department of Veterans' Affairs	Statement from the Department showing receipt of a pension
Salary/Wages	A separate <i>Employment Income Details Form</i> for each person who is working. The start date of employment must be declared.
Self employed	Profit and loss statement for the previous financial year completed by an accountant or Taxation Return for the previous financial year. A taxation assessment is not acceptable
Superannuation	Letter or statement from the superannuation fund
Overseas pension	Letter or statement from the respective government
Savings/Investment/Shares	Letter or statement from the investment organisation, listing all shares held, share values and the dividends received
Property/land/rent	Completed FACS <i>Details of Land and Property Ownership</i> form
Other	Letter from the organisation or income provider detailing the amount and type of income

Further information is available at [www.housing.nsw.gov.au](http://www.housing.nsw.gov.au)

## Tenant details

Payment Reference  
Number  
Mr, Mrs, Ms, Miss



Last name or family name

Given name (s)

## Tenancy address

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact phone

Email address

Is this an Aboriginal Housing Office property?

☐

Yes

☐

No

## Household, Income and Assets details

1. Are you a new tenant?

☐

Yes  
go to Question 3

☐

No → go to next question

2. Are you completing this form because of a change to your: income, the people living in your household or any other circumstances?

☐

Yes  
go to Question 2a

☐

No → go to Question 3

2a. What has changed?

(Give details and include the date the change occurred)

☐

Household

☐

Income

☐

Assets

Details of Change	Date
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY
	DD / MM / YYYY

3. Details of ALL household occupants, including children

If you receive income from more than one source please put the total amount being received in the box below and attach the document referred to on the first page of this application to show what the income is

Full name	Date of birth	Relationship to tenant	Centrelink reference number (if applicable)	Income type (e.g. Wages, Newstart, Age pension, Child Support etc)
	DD / MM / YYYY	Tenant		
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			
	DD / MM / YYYY			

4. Are you or anyone in the household self employed?

(You will need to provide proof)

☐

Yes  
give details

☐

No → Go to Question 5

Occupation

5. Do you or anyone in the household pay child support as a non-custodial parent?

(You will need to provide proof of the payments)

☐

Yes  
give details about how much is paid each week

☐

No → Go to Question 6

5a. How is the child support paid?  
(e.g. Child Support Agency)

6. Do you or anyone in the household own or part own ANY property including a house, unit, land or commercial property, either in Australia or overseas? ☐ Yes ☐ No → Go to Question 7  
 (You will need to provide proof)  
 ↓ give details

Full name	Address of property	Type of property	Value of property	Weekly Income from property
			\$	\$
			\$	\$
			\$	\$

7. Do you or anyone in the household have any assets in the form of savings, investments, shares, or interest in a business? ☐ Yes ☐ No → go to Question 8  
 (You will need to list all assets)  
 ↓ give details

Full name	Asset	Value
		\$
		\$
		\$

8. Do you or anyone in your household have any other income? ☐ Yes ☐ No  
 ↓ give details

## Income Confirmation Scheme Consent

Please read and sign the consent and the declaration below.

- I authorise the 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

A brochure is available from Centrelink that provides more details about the Centrelink Confirmation eServices or on Centrelink's website at [www.humanservices.gov.au](http://www.humanservices.gov.au)

## FACS Privacy Notice

This privacy notice applies to the Department of Family and Community Services (the Department). The Department together with its related agencies complies 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 the program that collects it. It will be used to deliver services and to meet our legal responsibilities. We may also use your information within the Department as a whole to plan, coordinate and improve the way we provide services and may exchange your information with other social housing providers for the purpose of assessing your continuing eligibility for social housing and providing an appropriate service. The Department 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](http://www.facs.nsw.gov.au/site_information/privacy) or by calling: 02 9377 6000 or by emailing: [privacy@facs.nsw.gov.au](mailto:privacy@facs.nsw.gov.au).

## Consent and Declaration

Under the *Housing Act 2001* a fine up to \$2,200 and/or three months imprisonment applies for making a false statement or representation, or with the intention of retaining or continuing to obtain a benefit to which the person knows that they are not entitled, fail to notify the Corporation of any relevant changes of circumstances, within 28 days of the change occurring. . FACS may refuse further assistance or prosecute anyone who wilfully makes any false statements as a result of which they obtain accommodation or other financial benefit of any kind.

FACS may formulate a policy for the granting of subsidies or the waiver of rents. In accordance with such policies, FACS may grant a subsidy or waive rent in its absolute discretion.

## Consent & Authority

Please read and sign the consent and the declaration below

### Declaration

- I authorise FACS to confirm information provided by me with any third party and or any such third party to provide FACS any relevant documentation or information sought by FACS when determining or supporting this application.
- I understand the instructions given on this application form.
- To the best of my knowledge, the information provided in this form is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that I must notify FACS within 28 days of any change in the income, assets and/or people in my household.

Full name ( please print)

Signature

Date

## Declaration from person assisting tenant

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

☐

Yes

☐

No

↓  
If yes, that person should read and sign the declaration below

- I filled in this form on the basis of the information the applicant gave me.
- I have read out the form (including the section headed **Consent and Declaration**) and the answers to the applicant, who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Full name ( please print)

Signature

Date

Contact phone number

## OFFICE USE ONLY

This section is to be completed by Family & Community Services staff to ensure the application is fully completed.

Date received

DD / MM / YYYY

T File number

Tenancy start date  
(confirm date in HOMES)

DD / MM / YYYY

Note in TRIM if the new tenancy arose from  
NCAT action

Forms are signed and dated by the Tenant	<input type="checkbox"/>
ICS Consent, if provided, is signed, dated and entered in HOMES	<input type="checkbox"/>
All questions are answered (dashes or strokes are not acceptable)	<input type="checkbox"/>
All necessary documents are provided, including proof of all income for all household members over 18 years old	<input type="checkbox"/>
ALL documents are attached to the TRIM client container	<input type="checkbox"/>
If applicable – attach <i>Subsidy – Failure to Disclose Change of Circumstances Assessment</i> (Form DH0140)	<input type="checkbox"/>
If applicable – note TRIM with reasons and dates for any retrospective adjustments, approval for the <i>Start Work Bonus</i> , or other.	<input type="checkbox"/>
All information is checked and actioned against current records and HOMES	<input type="checkbox"/>
Is this an AHO property? if Yes: Assign this form and all documentation to the SSAT Specialist Subsidy Assessment Team	Y / N

Full name of Client Service Officer - Tenancy  
(please print)

Signature



Date

DD / MM / YYYY