

**Housing Statement**

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a tenant of social housing to make a statement.

This statement MUST be signed by a witness. For information or assistance with this form, phone 1800 570 849.

If you need more room for your statement, please include details on a separate page and attach it to this form.

I, the undersigned (provide full details)

Title Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue Town /Suburb

Postcode

Phone Mobile

Do hereby state

Email

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# Dreamtime Housing Privacy Notice

This privacy notice applies to Dreamtime Housing which includes the following entities: the Aboriginal Housing Office. Dreamtime Housing 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 Dreamtime Housing.

# 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. Dreamtime Housing 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 and agree that FACS may collect information from my former social housing landlord or their agent, including information about any debt.
* I consent to the personal and medical information I have provided in this application, and which is stored in FACS’

records, being shared with other social housing providers so that appropriate services can be identified and delivered.

Consent to use information statement at the NSW Civil and Administrative Tribunal (NCAT)

To the best of my knowledge this statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in the NCAT as a witness.

Yes No

Title Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)



Signature

Date Full name of witness (please print)

DD / MM / YYYY

Position



Signature

Date

DD / MM / YYYY

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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 Mr, Mrs, Ms, Miss

Last name or family name

First and middle name(s)

Signature

Date Phone

DD/MM/YYYY

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