



# Housing Statement

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by an applicant/tenant of social housing to make a statement. This statement **MUST** be witnessed by an officer of a social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a  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)

Client reference number

T-File number

Title

Mr, Mrs, Ms, Miss

Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town /Suburb

Postcode

Phone

Mobile

Email

**Do hereby state**

## 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](http://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" value="X"/>
Date	<input type="text" value="DD / MM / YYYY"/>
Full name of witness (please print)	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text" value="X"/>
Date	<input type="text" value="DD / MM / YYYY"/>

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

Yes  
that person should  
read and sign the  
declaration below

No

**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"/>