Housing Pathways

NSW GOVERNMENT | Family & Community Services

Tenancy Guarantee Supplement

Use this form to apply for help to get a tenancy in the private rental market

What is this form about?

This form is a supplement to the *Application for Housing Assistance*. It asks questions about why you need help to get a tenancy in the private rental market

Your application will be assessed on the information you give on these forms and at an interview, if you have one.

How to fill in this form

Before you fill in this form, you should speak to your local housing office about eligibility for Tenancy Guarantee assistance. You will also need to fill in the Application for Housing Assistance if you have not already done so.

To fill in this form:

1. read each question carefully
2. answer all the questions
3. print your answers, using a black or blue pen
4. if you need more space, please write on a blank page and attach it to the application
5. provide documents that support your application. The questions that we need evidence for are marked on the form with 📎. Information about the type of evidence we need is in the *Evidence Requirements Information Sheet*. If you did not receive an *Evidence Requirements Information Sheet* with this application, please ask for one from your nearest Housing Pathways social housing provider, or download it from the Housing Pathways website at www.housingpathways.nsw.gov.au.

Please note: before we can assess you for Tenancy Guarantee, you need to complete the *Application for Housing Assistance*, as well as provide all the evidence requested.

Help to fill in this form

If you need help to fill in this form, if you need an interpreter or if the reasons you are seeking assistance are too sensitive to write down, ask a staff member to help you. If there is one available, you can ask to see a male or female officer, and/or you can also ask for an Aboriginal officer.

Where do I lodge this form?

You can lodge this form with any Housing Pathways social housing provider across NSW, either in person or by mail. For a list of their contact details, go to www.facs.nsw.gov.au.

What if I am homeless?

If you have nowhere safe to stay tonight contact the Link2home service (freecall) 1800 152 152 for assistance with overnight accommodation or visit a Housing Pathways social housing provider.

For more information

For more information about applying for social housing assistance and whether you are eligible, see the Housing Pathways website at www.facs.nsw.gov.au or phone 1800 422 322, 24 hours a day, 7 days a week.

It is illegal for anyone working for FACS or a community housing provider to ask for money or favours or other benefits of any kind in exchange for helping you with your housing needs. It is also illegal for you or anyone else to offer money or favours or other benefits of any kind to anyone who works for FACS or a community housing provider for helping you. If you have any information regarding possible corrupt conduct you can report it by calling 1800 422 322.

Housing Pathways

NSW GOVERNMENT Family & Community Services

Tenancy Guarantee Supplement
Application for Housing Assistance

Please use BLOCK LETTERS and print in black or blue pen only. Please mark all relevant boxes with a ✗. If you need more space, please write on a blank page and attach it to the application.

Your name:

Title
Mr, Mrs, Ms, Miss

Last name
or family name

First and middle name(s)

Date of birth: DD / MM / YYYY

G1. Do you have any debts? ☐ Yes give details ☐ No → go to Q G2

Type of debt	Total amount	Give details
	$	
	$	
	$	

G2. Who referred you for a Tenancy Guarantee assessment?

Mark only one

☐ You (self referral)

☐ FACS Housing

☐ Community Housing provider (give details)

Name of community housing provider

☐ A support service/landlord (give details)

Name of the service or landlord

G3. Do you need help with rental bond? ☐ Yes ☐ No

G4. Have you had a Tenancy Guarantee before? ☐ Yes give details ☐ No → go to Q G6

Name

Contact phone number

OFFICE USE ONLY

T Folder number

ARN Number

G5. Do you have somewhere to live while you look for private rental?

☐ Yes
where?

☐ No → go to Q G7

G6. Have you rented in the private rental market before?

☐ Yes
what type of property did you rent?

☐ No → go to Q G8

G7. What have you done recently to find suitable accommodation in the private rental market?

Name(s) of real estate agents you have approached:

Addresses of properties you have looked at:

G8. If you have not been successful in getting a private rental property, what do you think the main reasons for this are?
Mark all that apply

- ☐ Can't afford properties - low income
- ☐ Can't afford properties - savings or assets
- ☐ Can't afford properties - extra medical expenses
- ☐ There are not many properties available that meet my needs
- ☐ No rental history - first time in private market
- ☐ Issues with violence/abuse
- ☐ New migrant/refugee/Temporary Protection Visa holder
- ☐ Unpaid rental debt on a previous property
- ☐ A recorded history of damage to property
- ☐ Aboriginality
- ☐ Cultural background
- ☐ Disability
- ☐ Sexual orientation
- ☐ Type or size of family
- ☐ Contact with criminal justice system
- ☐ Other - please specify

G9. Have you been listed on a tenant database (e.g. TICA)?

☐ Yes — give details
☐ No → go to Q G11
☐ Don't know → go to Q G11

Are you addressing this issue? ☐ Yes ☐ No

Which real estate agency listed you? _____

G10. Do you agree to take part in evaluation of this service?
Note: From time to time, we may contact you to get your feedback about the services being provided to you. If this is okay, please mark the yes box.

☐ Yes ☐ No

Form continues on the next page

G11. 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 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.

Title Mr, Mrs, Ms, Miss	
Last name or family name	
First and middle name(s)	
Signature	
Date	DD/MM/YYYY

G12. 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 Mr, Mrs, Ms, Miss			
Last name or family name			
First and middle name(s)			
Signature			
Date	DD/MM/YYYY	Phone	