

Bond Assistance form

This form is to apply to the Department of Housing and Community Development for a bond assistance loan. Bond Assistance provides up to four weeks rent as bond, and an optional two weeks rent in advance.

All household members 18 years and over applying for the bond assistance loan, must provide copies of photo identification, bank statements and other support documents.

Please complete the form in BLOCK LETTERS. You can lodge the completed form to your local housing office.

Do you require an interpreter to help you complete this form? Yes No

If yes, please indicate your preferred language: _____

Kuongea nasi katika lugha nyingine mbali na Kiingereza, pigia simu huduma ya ukalimani kwa 131450
Para falar conosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.
Para falar conosco em outro idioma além do inglês, chame o serviço de intérprete no 131450.
Muốn nói chuyện với chúng tôi bằng các ngôn ngữ khác ngoài tiếng Anh, hãy gọi dịch vụ thông dịch qua điện thoại số 131450.
หากต้องการสนทนากับเราในภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ กรุณาโทรไปที่บริการล่ามทางโทรศัพท์ หมายเลข 131450
ក្រៅពីភាសាអង់គ្លេស បើលោកអ្នកចង់និយាយជាមួយយើងក្នុងភាសាផ្សេងទៀត សូមទាក់ទងទៅសេវាកម្មភាសាតាមទូរស័ព្ទ តាមលេខ៖ 131450 ។
ကျွန်ုပ်တို့နှင့် အင်္ဂလိပ်ဘာသာစကားမဟုတ်သော ဘာသာစကားဖြင့် ပြောလိုပါက တပ်လီဖုန်းဖြင့် ဘာသာပြန် ဝန်ဆောင်မှုကို 131450 တွင် ခေါ်ဆိုပါ။
Untuk berbicara dengan kami dalam bahasa lain yang bukan bahasa Inggris, hubungi layanan juru bahasa telpon di 131 450.
لكي تتمكن من التحدث معنا بلغات غير الإنجليزية، اتصل بخدمة الترجمة الهاتفية على الرقم 131450.

Part A – Bond Assistance options

What bond assistance option are you applying for?	<input type="checkbox"/> four (4) weeks rent only	<input type="checkbox"/> four (4) weeks and two (2) weeks rent in advance
---	---	---

Part B – Applicant 1

Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other		
First name(s)			
Last name			
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
Home phone			Work phone
Mobile phone			Other phone
Email			

Part B - Applicant 1 continued

Are you of Aboriginal and/or Torres Strait Islander origin?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander
Have you been diagnosed with a disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Residential address	
Postal address	

Next of kin / Alternative contact - please give details of a person that we can call to get in contact with you

Full name			
Relationship to Applicant 1			
Home phone		Work phone	
Mobile phone		Other phone	
Email			

Income and Asset details - You will need to attach support documents for each applicable income and/or asset.

Source of income	Gross amount (before tax)	Assets	Gross amount (before tax) or estimated current value
Wages		Bank account(s)	
Pension / Allowance		Fixed term deposits	
Self-employment		Shares investments (includes accessible superannuation funds)	
Workers compensation		Boat / caravan / any other recreational vehicles	
Other		Property and land / any other valuable saleable items	

Part C - Applicant 2 (this may be a partner or other joint applicant)

Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other
First name(s)	
Last name	
Please provide details of any other names, if applicable. (e.g. Maiden name, skin name, name changed by deed poll)	

Part C - Applicant 2 continued			
Relationship to Applicant 1			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
Home phone			Work phone
Mobile phone			Other phone
Email			
Are you of Aboriginal and/or Torres Strait Islander origin?		<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Do not identify as Aboriginal or Torres Strait Islander	
Have you been diagnosed with a disability?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Residential address			
Postal address			
Next of kin / Alternative contact – please give details of a person that we can call to get in contact with you			
Full name			
Relationship to Applicant 2			
Home phone			Work phone
Mobile phone			Other phone
Email			
Income and Asset details – You will need to attach support documents for each applicable income and/or asset.			
Source of income	Gross amount (before tax)	Assets	Gross amount (before tax) or estimated current value
Wages		Bank account(s)	
Pension / Allowance		Fixed term deposits	
Self-employment		Shares investments (includes accessible superannuation funds)	
Workers compensation		Boat / caravan / any other recreational vehicles	
Other		Property and land / any other valuable saleable items	

Part D - Household member details			
Please provide details of all people who will be living with you. There is no need to provide details of Applicant 1 or 2 again. If you require more space for household members, please write on another piece of paper and attach it to this form.			
Household member	1	2	3
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
First name(s)			
Surname			
Relationship to you (e.g. son, daughter)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /	/ /	/ /
Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household member	4	5	6
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
First name(s)			
Surname			
Relationship to you (e.g. son, daughter)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	/ /	/ /	/ /
Aboriginal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer

The Department of Housing and Community Development collects only your personal information which is necessary to provide housing assistance under the *Housing Act* and its Regulations.

If you do not provide the requested information we may not be able to provide you with assistance. The information collected will not be disclosed to anyone without your consent unless it is required or authorised by law in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act* (NT). You have a right to access and correct the information held about you.

If you have any queries or concerns please contact the Information Access Unit on 8999 8490, email infoact.DHCD@nt.gov.au or write to GPO Box 4621, Darwin NT 0801.

Part E - Declaration

Read the following sections carefully before signing.

I/We, _____ (name/s in BLOCK LETTERS)

_____ (name/s in BLOCK LETTERS)

- Understand that I/we may be prosecuted under the *Housing Act* of the Northern Territory should I/we deliberately make a false or misleading statement in this application. Maximum penalty: 100 penalty units.
- Authorise the Department of Housing and Community Development staff to confirm any personal and financial background relevant to this application.
- Understand that I/we must advise the Department of Housing and Community Development of any changes to my/our circumstances (for example changes in income, contact details, or household size) that may affect this application.

Applicant 1 signature		Date	/ /
-----------------------	--	------	-----

Applicant 2 signature		Date	/ /
-----------------------	--	------	-----

Authorisation between applicants

Under the *Information Act* (NT), the Department of Housing and Community Development cannot supply your personal information to anyone without your consent. If you wish to consent to the release of information to your co-tenant please complete the authorisation below.

I, _____ (name/s in BLOCK LETTERS)

authorise the release of personal information to _____ (name/s in BLOCK LETTERS)

Applicant 1 signature		Date	/ /
-----------------------	--	------	-----

I, _____ (name/s in BLOCK LETTERS)

authorise the release of personal information to _____ (name/s in BLOCK LETTERS)

Applicant 2 signature		Date	/ /
-----------------------	--	------	-----

OFFICE USE ONLY

Received by			
-------------	--	--	--

Group no		Previous Group no (if applicable)	
----------	--	-----------------------------------	--

TRM Reference no			
------------------	--	--	--

Bond assistance requested in Part A	<input type="checkbox"/> 4 weeks rent as bond	<input type="checkbox"/> 4 weeks rent as bond and 2 weeks rent in advance
-------------------------------------	---	---

Entitled maximum amount per week	\$
----------------------------------	----

Date client notified		Date entitlement letter expires	
----------------------	--	---------------------------------	--

Checklist – Supporting documents required		
Document attached	The following are examples of documents you are required to provide to support your application.	OFFICE USE ONLY CHECK (Staff to tick as applicable)
<input type="checkbox"/>	<u>Proof of identification</u> Pensioner concession card, Medicare card, driver licence, birth certificate, current passport or citizenship certificate for <i>everyone</i> listed in the application. Photographic identification must be provided for each lease signatory applying for Bond Assistance.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of Northern Territory residency</u> The document must: <ul style="list-style-type: none"> • detail your full name • be no more than a fortnight old at the time of submitting your application • be on official letterhead, remittance advice or provided direct from the relevant authority. 	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of custody for sole parents</u> Legal documents proving custody or a document issued by Centrelink confirming custody arrangements.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of marriage or de facto relationship</u> Not required if this is documented on your Income Statement issued by Centrelink.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of custody/guardianship for dependents other than your own children</u> This can be in the form of receipt of Centrelink Family Tax Benefit, Child Maintenance Payments, Carers Allowance.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of household income</u> Centrelink Income Statements and/or pay slips for the past thirteen (13) weeks	<input type="checkbox"/>
<input type="checkbox"/>	<u>Current bank statements</u> Bank statements are required to show at least three (3) months of transactions.	<input type="checkbox"/>
<input type="checkbox"/>	<u>Statement of assessable assets</u> Most current valuation certificate or documents	<input type="checkbox"/>
<input type="checkbox"/>	<u>Proof of loans against assets</u> Bank statements or loan documents	<input type="checkbox"/>

Further information about acceptable support documents can be found on the following factsheets:

- Proof of Identification and Income
- Proof of Income
- Bond assistance

If you cannot provide any of the documents above or need more information, please contact your local office.

Casuarina - Cascom Centre, Trower Road, Casuarina NT	p: 08 8922 5542
Darwin - RCG Centre, 47 Mitchell Street, Darwin NT	p: 08 8999 8814
Palmerston - Highway House, Chung Wah Terrace, Palmerston NT	p: 08 8999 4767
Alice Springs - Level 1, Alice Plaza, 36 Todd Mall, Alice Springs NT	p: 08 8951 5344
Tennant Creek - NT Government Centre, Peko Road, Tennant Creek NT	p: 08 8962 4497
Katherine - NT Government Centre, First Street, Katherine NT	p: 08 8973 8531
Nhulunbuy - Shop 2 Arnhem House, Endeavour Square, Nhulunbuy NT	p: 08 8987 0533