



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 a Birribee Housing Officer. For information or assistance with this form, phone 02 7252 9516.
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)

Payment Reference number

	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Mr, Mrs, Ms, Miss		
Last name or family name	<input type="text"/>	
Given name (s)	<input type="text"/>	
Unit/House number	<input type="text"/>	
Street/Avenue	<input type="text"/>	
Town /Suburb	<input type="text"/>	Postcode <input type="text"/>
Phone	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	

Do hereby state

Birribee Housing Privacy Notice

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

Position

Signature

Date

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"/>