

Notification of Extended Absence & Application for Caretaker

You must complete and lodge this form with your local Housing office if you are going to be away from your public housing premises for more than 30 days.

You can use this form to notify the Department of an extended absence and apply for arrangements for another person to live in or occupy the premises while you are away.

You can attach any documents to support your application. Please lodge the application and any attachments at your local Housing office.

The CEO (Housing) will consider your proposed arrangements and contact you if further information is required. You will be notified in writing of an outcome within 28 days.

1. Tenant(s) details				
Full name(s)				
Residential address				
Contact details while you are away	Contact number(s)			
	Email			
	Mailing address			
2. Extended absence details				
How long are you away from your public housing?	From		To	
What is the reason for your extended absence?				
3. Are you providing supporting documents?				
<input type="checkbox"/> Yes - Please provide details		<input type="checkbox"/> No		
Will the premises be vacant while you are away?	<input type="checkbox"/> Yes - the premises will be vacant - Complete section 4. Property Maintenance and Access <input type="checkbox"/> Yes - a family member/friend will visit to check on the premises - Complete section 5. Access arrangement details <input type="checkbox"/> No - I/we would like to apply for permission for someone to stay in the premises during my/our absence - Complete section 6. Recognised Occupant arrangement details			

4. Property maintenance and access	
In your absence, how will the property be maintained in accordance with your Tenancy Agreement?	
In your absence, how can the Department access the property, if required?	<input type="checkbox"/> I/we will leave a key for the property with the Department
	<input type="checkbox"/> I/we will leave a key for the property with a friend or family member (please provide contact details)
	Full names(s)
	Contact Number(s)
5. Access arrangement details	
Full name of person(s) who will have access to the premises	
Current address of above person(s)	
Contact number(s)	
Have any of these people been a public housing tenant in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What arrangements / agreement will you make with this person? <i>e.g. has a key to the unit, will visit each week to water plants, collect mail and check the premises is secure.</i>	
6. Recognised Occupant arrangement details	
Full name of person(s) you would like to stay at the premises while you are away	
Current address of above person(s)	
Contact number(s)	
Has the listed person(s) been a public housing tenant before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where did they live? (if known)	

7. Declaration

I/We
(Name)

a) Understand that if I/we do not return and resume occupation of the premises at the end of the above period, the Chief Executive Officer (Housing) may dispose of any goods left at the premises in accordance with s109 of the *Residential Tenancies Act 1999*.

b) I/we understand that during a caretaker arrangement, or extended absence where the premises will be vacant, I/We retain all responsibilities for the premises including maintenance and payment of the rent.

c) If applicable: I am a sole tenant and have applied for a period of zero rent due to financial difficulties in paying rent to the CEO (Housing) during incarceration, due to residential health care (where an accommodation fee is charged), domestic violence, or other reasons. I understand supporting documentation must be provided with my application. The CEO (Housing) is authorised to confirm any personal or financial background information relevant to this application.

d) I/we understand that if I/we have indicated that the premises will be vacant during my/our absence, I/we do not give permission for anyone to be at the premises while I am/we are away. If anyone is found at the premises while I am/we are away, I/we give the CEO (Housing) permission to instruct them to leave or call the police for assistance on my/our behalf.

e) I/we understand that I/we bear responsibility for the actions of any person to whom I/we have given access to the premises.

f) I/we understand that discretion may apply to the terms of this application.

Tenant signature		Date	
Co-tenant signature		Date	

8. Are you applying for a period of zero rent?

<input type="checkbox"/> Yes (You must provide supporting documents if you apply for a period of zero rent)	Reason for seeking a period of zero rent: <ul style="list-style-type: none"> <input type="checkbox"/> Domestic and family violence <input type="checkbox"/> Financial hardship <input type="checkbox"/> Attending Sorry Business or other cultural obligation <input type="checkbox"/> Incarceration <input type="checkbox"/> Community unrest <input type="checkbox"/> Participating in a residential rehabilitation program or health care where a fee is charged <input type="checkbox"/> Other: Please specify
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9. Statement of Privacy

The Department of Housing, Local Government and Community Development only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on [Information Privacy Policy](#) or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to access and correct any information about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 8999 8557.

Office use only

TMS Group number		Staff name/ User ID	
TRM Number		Date application received	

Recommendation – To be completed by the Action Officer

It is recommended that the Delegate: (Tick all appropriate)		Reason
<input type="checkbox"/> Extended absence	Note	
<input type="checkbox"/> Access arrangement	N/A / Note	
<input type="checkbox"/> Caretaker arrangement	N/A / Approve / Not Approve	
<input type="checkbox"/> Charging of zero rent	N/A / Approve / Not Approve	

Additional Comments

Action Officer name		Position title	
Signature		Date	

Endorsement – To be completed by the Endorser

Decision		Reason
<input type="checkbox"/> Extended absence	Note	
<input type="checkbox"/> Access arrangement	N/A / Note	

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<input type="checkbox"/> Caretaker arrangement	N/A / Endorsed / Not Endorsed		
<input type="checkbox"/> Charging of zero rent	N/A / Endorsed / Not Endorsed		
Additional comments			
Delegate name		Position title	
Signature		Date	
Delegate decision - To be completed by the Delegate			
Decision		Reason	
<input type="checkbox"/> Extended absence	Noted		
<input type="checkbox"/> Access arrangement	N/A / Noted		
<input type="checkbox"/> Caretaker arrangement	N/A / Approved / Not Approved		
<input type="checkbox"/> Charging of zero rent	N/A / Endorsed / Not Endorsed		
Additional comments			
Delegate name		Position title	
Signature		Date	