



**Link
Wentworth**
Providing homes, building futures.

Succession of Tenancy Application

Use this form to apply to take over a tenancy from another Link Wentworth Housing tenant.

Before we can assess you for succession you need to apply for social housing online here, or contact us on 13 14 21 to request assistance from the Housing Solutions team. Once this application is complete, please book an appointment with the Housing Solutions Team to facilitate the application process.

Please use **BLOCK LETTERS** and print in black or blue pen only. Please mark relevant boxes with a ✓ if you need more room to answer any question, please include details on a separate page and attach it to your application. Provide documents that support your application.

www.facs.nsw.gov.au/housing/help/applying-assistance/assistance

1. Your Details

Title: (Mr, Mrs, Ms, Miss)	
Last name or Family name:	First and middle name(s):
Phone No:	
Email Address:	

2. What is the name of the person whose tenancy you are applying to take over and the address of the property?

Title: (Mr, Mrs, Ms, Miss)	
Last name or Family name:	First and middle name(s):
Phone No:	
Email Address:	
Address:	

3. What is the reason you are applying to take over the tenancy? Mark one only.

Attach documents to support your answer. See item 1 on *Evidence Requirements Information sheet* at the back of this form.

<input type="checkbox"/> Tenant moving/moved to a nursing home	
Please include their new contact address:	
	Postcode

<input type="checkbox"/> Tenant moving/moved to institutionalised care	
Please include their new contact address:	
	Postcode



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<input type="checkbox"/> Tenant sentenced or imprisoned for more than 3 months	
Please include their new contact address:	
	Postcode

<input type="checkbox"/> Tenant has passed away
Date:

<input type="checkbox"/> Other	
Please provide details and include the tenant's new contact address:	
	Postcode
When did, or when will, this change occur?	Date:

4. Are you living in this property now?

If you are not currently living in the property, you will need to attach documents that show why you need to live there. See item 2 on the *Evidence Requirements Information Sheet* at the back of this form.

<input type="checkbox"/> Yes When did you start living there? (give approximate date)	Date:
<input type="checkbox"/> No	
If no, why do you need to live there?	

5. If you are Aboriginal or Torres Strait Islander and you are not living in this property now, what is your relationship with the tenant, the property and the area? Give details

Attach documents to support your answer. See item 3 and 4 on the *Evidence Requirements Information Sheet* on the back of this form.

<input type="checkbox"/> Not Applicable



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6. Please list the details below for ALL occupants currently in the household.

Name	DOB	Relationship to tenant

7. Specify to add household member names, and refer to evidence requirements sheet and Medical Assessment Form.

8. Do you, or anyone in your household receive help from a support worker?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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If so, please provide support workers name, organisation and contact number below:

Support Worker Name	Organisation	Contact Details



9. Are you, or were you, a carer to the tenant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No go to Q11	<input type="checkbox"/> Not Applicable
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9a. Did you give up a social housing tenancy in order to live with the tenant?

<input type="checkbox"/> Yes	<input type="checkbox"/> No go to 10b	Date tenancy ended
Address of the social housing tenancy you gave up		
		Postcode:

9b. Have you kept other accommodation that you could live in now?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details	

Q11 to Q13 to be ONLY filled if you are applying for succession on the basis of custody of children

10. Are children under the age of 18 years living in the premises?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Names	DOB of children

11. Are you the legal guardian or custodian of the children or, are you in the process of applying for custody or legal guardianship?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. Are you the legal guardian or custodian of the children of the household or in the process of applying for custody?

Note: You may be granted succession if you have applied for custody of the children of the household, but you will have to give up the tenancy if custody is awarded to someone else. Attach proof that you have, or are applying for, custody of the children. See item 5 on the *Evidence Requirements Information Sheet* at the back of this form.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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13. Next of Kin/Emergency Contact (who will not be living with you)

Title: (Mr, Mrs, Ms, Miss)	
Last name or Family name:	First and middle name(s):
Phone No:	
Email Address:	
Relationship	

Declaration

- I understand the Instructions given on this application form.
- To the best of my knowledge, the information provided in this application form is correct.
- I understand there are penalties for giving false or misleading information.
- I understand that this application form is used by all social housing providers (public, community and Aboriginal housing).
- I, hereby authorise Link Wentworth Housing Ltd to contact my next of kin, as above once I am housed if and when the need arises during my tenancy. (Link Wentworth will only contact a next of kin if we are unable to reach the client, or, in the event of serious illness, death or misadventure.)
- I agree that I will move to another property if requested by Link Wentworth Housing Ltd as a condition of granting me succession (recognition as a tenant).
- I also declare that, to the best of my knowledge, there is no perceived conflict of interest by association with current Link Wentworth Housing Ltd staff or members of Link Wentworth Housing Ltd's Board of Directors.
- I understand that Link Wentworth Housing Ltd will advise me in writing of the outcome of my application for succession.
- I understand that should my application be declined, I will have a further seven days to provide additional information to support an internal review.
- I agree that Link Wentworth Housing Ltd will send my file to the HAC for an independent review if my application is still declined and I decide to make an appeal through the HAC.

Title: (Mr, Mrs, Ms, Miss)	
Last name or Family name:	First and middle name(s):
Signature:	Date:

Confidentiality – Note that all information supplied by applicants will be managed in accordance with Australian Privacy Principles. For our organisation's statement on privacy of personal information, refer to Link Wentworth's website at www.linkwentworth.org.au.

NEXT STEPS

- Check that you have answered all the questions you need to answer, and that you have signed and dated the form.
- Return this form, the *Application for Housing Assistance* and required evidence to your Tenancy Manager or a Link Wentworth office.
- This form will be assessed and you will be notified of the outcome. within 28 days