

Alterations and additions form

This form is for you to apply to the Department of Housing and Community Development for approval to make alterations to a public housing property.

The department must approve any alterations before you begin work. You will need to provide copies of relevant plans or certificates, where applicable.

Please complete the form in BLOCK LETTERS. You will need to attach any supporting documents with your completed form. You can lodge your form to your local housing office.

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

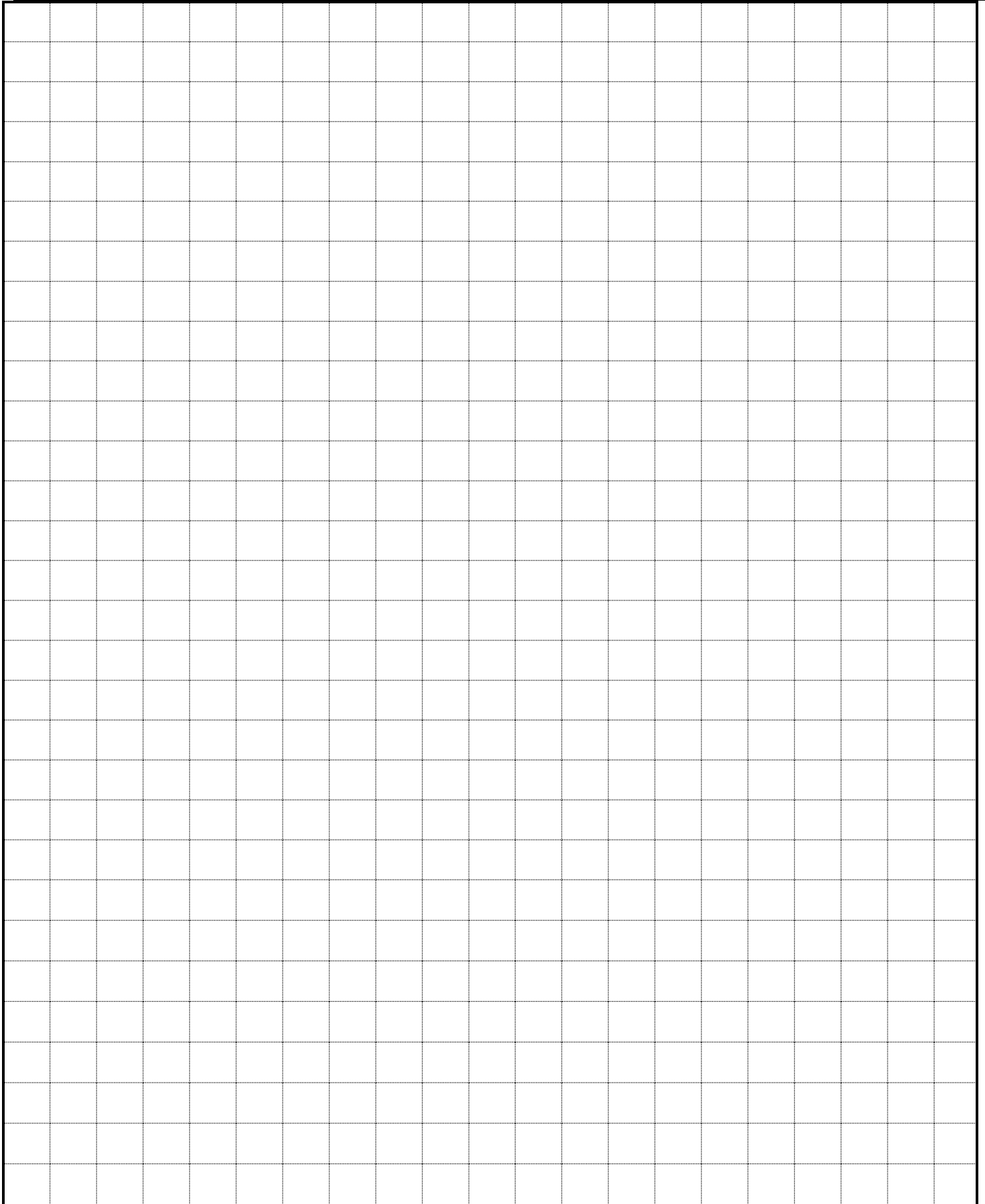
If yes, please indicate your preferred language:

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.
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
 ຖ້າຕ້ອງການສົນທິສູດກັບເຮົາໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກຽມາໂທໄປທີ່ບໍລິການລ່າມທາງໂທຣຊັຟຟ໌ ຫມາຍເລຂ 131450 ຯ
 ຫຼື ຫາກຕ້ອງການສູດກັບເຮົາໃນພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກฤษ ກຽມາໂທໄປທີ່ບໍລິການລ່າມທາງໂທຣຊັຟຟ໌ ຫມາຍເລຂ 131450 ຯ
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 – Applicant details			
Title	<input type="checkbox"/> Mr / <input type="checkbox"/> Mrs / <input type="checkbox"/> Ms / <input type="checkbox"/> Miss / <input type="checkbox"/> Other _____		
First name(s)			
Family name			
Residential or community address			Postcode
Postal address (if different from residential)			Postcode
Home Phone			Work phone
Mobile			Other phone
Email			

Part B – Alterations or additions proposed		
Which room will this alteration or addition be in? (e.g. lounge, kitchen)	Bedroom	
Who will be making these changes? (e.g. tenant, tradesman)	Tradesman - UB Cool	
Alteration or addition description	Documents attached	
<input type="checkbox"/> Curtain or blind brackets	Approximate number:	
<input type="checkbox"/> Picture hooks	Approximate number:	
<input type="checkbox"/> Irrigation system/s		
<input type="checkbox"/> Concrete paving minimum of 75mm thick and the ground underneath termite treated. A pest control certificate is required as proof of treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Air conditioner electrical certificate required for split systems.	<input type="checkbox"/> Box style	<input checked="" type="checkbox"/> Split System
<input type="checkbox"/> Heater certification required for hard wired electrical or gas.	<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas
<input type="checkbox"/> External shade area please provide type and materials in space for details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Garden shed must be built in line with relevant building legislation and regulations. Please provide type and materials in space for details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Satellite dish	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Cage, enclosure, fence or other structure for pet/s Please provide type and materials in space for details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Power card box	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Security or movement sensor light	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide further details for the above proposed alteration. Details include materials and size of the alteration or other information. Attach extra pages, if required.		
LDC is funding the installation of split system airconditioners to approved Larrakia applicants.		
Units will be installed by qualified tradsmen		

Part C - Rough site drawing (or copy attached)



Part D - Statement of privacy

The Department of Housing and Community Development collects only that personal information which is necessary to provide housing services and tenancy support. If you do not provide the required information we may not be able to provide you with assistance. The information collected will only be used for the purpose it was collected and will not be disclosed to anyone without your consent unless it is required or authorised by law; or is necessary for maintenance, debt recovery, housing policy and research purposes in accordance with the Information Privacy Principles at Schedule 2 of the *Information Act (NT)*. You have a right to access and correct any information we hold about you.

If you have any queries or concerns please contact the Information Access Unit on 8999 8490 or write to GPO Box 4621, Darwin NT 0801.

Part E - Declaration by applicant

I apply for permission for the alterations stated on this form to the property rented by me.

I understand that:

- Alterations are not to begin until approval has been given in writing by the department.
- Any certification required will be provided by me to the department.
- I will be required to remove the alterations and repair any damage to the property when vacating the premises.
- There will be no reimbursement from the Department of Housing and Community Development for any alterations approved to remain in place.
- Alterations undertaken will be completed to a reasonable standard and in accordance with relevant laws, by-laws and regulations.

Signature:		Date:	
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Office use only

Received by		Housing office date stamp
Group no		
Asset no		
TRM reference		

Property Services to complete

<input type="checkbox"/> Application assessed	Date letter sent to tenant advising of assessment outcome	XX/XX/2017
<input type="checkbox"/> Outcome recorded in TMS 1.7 Communications screen		