

# AHO Eligibility for Services Statutory Declaration form for Extenuating Circumstances



Aboriginal  
Housing  
Office



## The purpose of this form:

This form is to be used by applicants who may be eligible to access the Aboriginal Housing Office's (AHO) range of short-term housing products and/or services. Some applicants may experience difficulty in confirming Aboriginality due to experiencing extenuating circumstances and/or disruptive life events. Short-term AHO housing products and/or services, such as transitional housing/emergency support and Services Our Way, may be accessed for a maximum period of six (6) months.

## Eligibility criteria

Use this form if you meet one or more of the below criteria. Please tick the relevant option that matches your circumstance below.

- ☐ Fleeing domestic and family violence.
- ☐ Impacted by a natural disaster e.g. (flood/fire).
- ☐ Exiting Corrective Services, Out-of-Home Care or an Institution (within the last six months).

## Supporting documentation required for your selected eligibility option

Attached documents supporting my current circumstance.

- ☐ A letter from a domestic and family violence support service.
- ☐ Domestic and family violence documentation.
- ☐ Supporting documentation for the affected natural disaster e.g. news articles covering the specific area including dates, and
- ☐ Corrective Services release documentation.
- ☐ Out-of-Home Care documentation.
- ☐ A letter of support from an Aboriginal or Torres Strait Islander organisation.

I acknowledge that this form is only valid for a maximum period of six months. Should I wish to be considered eligible for AHO housing services and/or products beyond this timeframe I will be required to meet the criteria set out in the AHO's Eligibility for Services policy.

I acknowledge that I cannot use this form to access long-term AHO housing services and/or products, including but not limited to; AHO Social Housing, AHO Affordable Housing, AHO Services Our Way, and AHO Home Ownership grants.

I confirm (Please initial here \_\_\_\_\_) I have read the above Oath and understand that if I am found to have given false or misleading information I may be refused services and pursued under the *Oaths Amendment Act 1996* by the AHO.

☐

Yes

☐

No

Declarant's name (please print)

Signature

Date

# AHO Eligibility for Services Statutory Declaration Form for Extenuating Circumstances

Please print in BLOCK LETTERS with a black or blue pen

This form does not replace or substitute confirmation of Aboriginality. For persons seeking to obtain Confirmation of Aboriginality please refer to your Local Aboriginal Land Council.

This form is to be used in extenuating circumstances for applicants who are fleeing domestic and family violence, natural disasters, exiting jail, institutional care, or Out-Of-Home Care within the last six months.

Once you have completed the Declaration, you need to sign this form in front of a person authorised to witness a Statutory Declaration under the *Oaths Act 1900* and supply supporting evidence to your Housing Provider. Persons found to have made a false statement may be subject to penalties for making a false Statutory Declaration and refused access to AHO services. The AHO reserves the right to pursue people who make false statements.

**I, the undersigned** (provide full details)

Title	<input type="text"/>		
Last name or family name	<input type="text"/>		
Given name (s)	<input type="text"/>		
Date of Birth	<input type="text" value="DD / MM / YYYY"/>		
Unit/House number	<input type="text"/>		
Street/Avenue	<input type="text"/>		
Town /Suburb	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>		
Email	<input type="text"/>		

**do hereby solemnly and sincerely declare that:**

Include a statement confirming that you identify as an Aboriginal and/or Torres Strait Islander person, that you are accepted as such by your Community and that you are a member of the Aboriginal race and/or a Torres Strait Islander race of Australia. You will need to demonstrate your kinship connection, where you are from and your connection to Country.





Attach a letter of support as outlined on page 1.

**And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.**

**Penalties for false Statutory Declaration**

The *Oaths Amendment Act 1996* provides that if a Statutory Declaration is made to gain material benefit and the offence is dealt with by indictment the penalty is up to 7 years imprisonment. If dealt with summarily then the penalty is up to 2 years imprisonment and/or a fine of 100 penalty units (\$11,000). If the offence is swearing a false declaration that does not involve material benefit, the penalty is up to 12 months imprisonment and/or a fine of 50 penalty units (\$5,500).

I confirm (Please initial here \_\_\_\_\_) I have read the above Oath and understand that if I am found to have given false or misleading information I may be refused services and pursued under the *Oaths Amendment Act 1996* by the AHO.

☐

Yes

☐

No

**Declaration**

**Declared at:**

Place

Declarant's name (please print)

Signature

×

Date

DD / MM / YYYY

In the presence of an authorised witness, who states:

I, \_\_\_\_\_, a \_\_\_\_\_

*[name of authorised witness]*

*[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it.

*[please cross out any text that does not apply].*

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had special justification for not removing the covering, and;
2. \*I have known the person for at least 12 months OR \*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on, was:

.....

Signature

×

..... *[describe*

DD / MM / YYYY

Justice of the Peace (JP)/Solicitor  
(please print)

Contact number

Justice of the Peace (JP)/Solicitor Registration Num-  
ber

Justice of the Peace (JP)/Solicitor's signature

×

Date

DD / MM / YYYY