



## FORM OF AUTHORITY

### Release of information to an external agency

**Do you want another person, or an organisation to be able to make enquiries about your tenancy on your behalf?**

If you get help from a support service, health professional or other individual you can provide their details here if you want them to be able to speak to us about your tenancy. You can change your mind about this at any time.

Yes, continue ↓

Tenant Number			
Name			
Address			
Suburb/Town		Postcode	
Telephone Landline		Mobile	
Email address			

**I hereby authorise my Housing Officer, or other AHV staff acting on behalf of Aboriginal Housing Victoria, to release my personal information to:**

Name of agency			
Address of agency			
Agency contact person			
Telephone Landline		Mobile	
Email address			

**I agree that where I have indicated, the following personal details can be released: (mark with an 'X' as applicable)**

My name	<input type="checkbox"/>	My address	<input type="checkbox"/>
My income (e.g. pension, benefit, wages)	<input type="checkbox"/>	Details of my application for social housing	<input type="checkbox"/>
Property Maintenance			<input type="checkbox"/>
Details of my tenancy agreement			<input type="checkbox"/>
Details of my application for rental rebate (e.g. household members, income documentation)			<input type="checkbox"/>
The amount of rent I pay			<input type="checkbox"/>
How I pay my rent (e.g. at the post office, direct debit)			<input type="checkbox"/>
Details of outstanding charges I may owe (e.g. for rent, maintenance or other charges)			<input type="checkbox"/>

Details of action that may be proposed under the Residential Tenancies Act which will affect me

Details of complaints that may be made by persons in the neighbourhood regarding my tenancy

Other information

Tell us about it below.

Do you want copies of letters sent to your support person?

Yes

No

**Tenant's Full name**

**Tenant's Signature**

**Date**

### Information privacy

Aboriginal Housing Victoria is committed to protecting the privacy of your personal information. Personal information is information which directly or indirectly identifies a person. We need to collect and handle your personal information in order to be able to process your application. All the information you give us will be handled in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

If you are using other department programs we may share some of your information with them to help us coordinate better services for you. We will not use your information for any other purpose other than those listed on these forms, to provide services to you, or without your consent, unless the law requires us to do so.

You can access your information through the *Freedom of Information Act 1982* or through the *Privacy and Data Protection Act 2014*. For information about Freedom of Information requests, call 1300 650 172 or apply online at [www.foi.vic.gov.au](http://www.foi.vic.gov.au). For further information about privacy, call: 1300 884 706 or email: [privacy@dhhs.vic.gov.au](mailto:privacy@dhhs.vic.gov.au)