

2026-27 Tenant Participation Grant Application

Form Preview

Introduction

Before commencing an application please read the 2026-27 Tenant Participation Grant Program Guidelines.

Please refer to [2026-27 Tenant Participation Grant Guidelines](#).

This program aims to encourage and support applicants to participate in a range of sporting, arts, cultural, education, employment, and training activities for physical, social, and personal development.

The Applicant must be the tenant to complete this form.

For assistance with completing this application form, please contact the Tenant Participation Team, Housing ACT at tpg@act.gov.au

Eligibility

* indicates a required field

Eligibility Requirements

You need to read the 2026-27 Tenant Participation Grants Program Guidelines before you start your application.

Please refer to [2026-27 Tenant Participation Grant Guidelines](#).

You need to be a public housing tenant supported by Housing ACT, or are a social housing tenant in the ACT and be paying subsidised income-based rent (receive a Rental Rebate).

Households can only apply once in the 2026-27 round, but can have multiple people in the household in the application.

Your chosen activity must meet the funding categories requirements

- Social
- Life Skills
- Education and work

You can only apply for a grant if you meet the eligibility criteria.

What is your tenancy type? *

- ☐ ACT Public Housing (Housing ACT)
- ☐ ACT Community Housing

To be eligible for this Grant you must be an ACT social or public housing tenant.

Please enter your Payment Reference Number (PRN or Pay Ref). *

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Please note - Housing Assistance will check your tenancy status with your Community Provider. By completing this form, you are giving us consent to do this.

Please select your Community Housing provider. *

- ☐ Argyle Community Housing
- ☐ CatholicCare Canberra
- ☐ Environmental Collective Housing Association (ECHO)
- ☐ Everyman Australia
- ☐ Havelock Housing Association Inc
- ☐ Northside Community Services Inc
- ☐ The Salvation Army
- ☐ Tamil Senior Citizens Association
- ☐ Toora Women Inc
- ☐ YWCA of Canberra
- ☐ Other:

Do you pay subsidised income base rent? *

- ☐ Yes ☐ No

Please note, if you are unsure about your subsidised rent, please get in contact with your provider, as we will be confirming your eligibility with your provider.

Will the activities you are applying for occur in the ACT or online? *

- ☐ Yes ☐ No ☐ Online

To be eligible the activity needs to occur in the ACT or online.

Have you received a Tenant Participation Grant in the last 2 years? *

- ☐ Yes ☐ No

Tenant Participation Grant received

2025-26 Grant ID number

2526TPG000

2024-25 Grant ID number

2425TPG000

Primary Tenant Personal Details

* indicates a required field

The Applicant is the primary tenant who is applying and receiving the grant funding for the household.

Applicant *

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Title	First Name	Last Name

Applicant Home Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Applicant Home Phone Number

Must be an Australian phone number.

Applicant Mobile Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Which age group are you in? *

- ☐ 17-18 years
- ☐ 18-19 years
- ☐ 20-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75 years or over

Do you or any members of your household identify as Aboriginal or Torres Strait Islander? *

- ☐ Neither Aboriginal nor Torres Strait Islander
- ☐ Aboriginal but not Torres Strait Islander
- ☐ Torres Strait Islander but not Aboriginal
- ☐ Both Aboriginal and Torres Strait Islander
- ☐ Don't want to say

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In which country were you born? *

- ☐ Australia
☐ Other:

If you were not born in Australia, please write in the name of your country of birth at 'Other'

Which language do you mainly speak at home? *

- ☐ English
☐ Other:

If it is not English, please write the main language you speak at home at 'Other'

Which of the following best describes the nature of your household? *

- ☐ Single person, living alone
☐ Single parent, living with one or more children / grandchildren (aged under 16 years)
☐ Single person, living with friend/s / flatmates
☐ Couple, living without children
☐ Couple living with one or more children / grandchildren aged under 16 years
☐ Extended family, with children aged under 16 years
☐ Family or extended family, without children aged under 16 years
☐ Other:

Carers, family or friends staying for an extended period or frequent visits should not be considered while answering this question.

Household Individuals

* indicates a required field

How many individuals are you applying for in your household? *

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Activity details for your chosen funding category

Please refer to **Section 4** of the [Guidelines](#) for further information on eligible activities.

Your response to the questions in this section will support your application.

Note: If you access support services, they may be able to assist you with completing this section.

Individual #1

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #2

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #3

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #4

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #5

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #6

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #7

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #8

Name *

Title First Name Last Name

Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #9

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Individual #10

Name *

Title First Name Last Name

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Date of Birth *

Must be a date.

Age *

Must be a number.

What funding category are you applying for? *

- ☐ Social activities
- ☐ Life skills activities
- ☐ Education and work activities

What type of activity are you choosing to participate in? *

for example tennis lessons

Budget Information

* indicates a required field

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Grants will be awarded to households.

As there is no good or service being exchanged, GST is not applicable to grant payments.

What is the size of your household and the funding amount you are requesting? *

- ☐ 1 person in household - \$400
- ☐ 2 people in household - \$800
- ☐ 3 people in household - \$1,200
- ☐ 4 people in household - \$1,600
- ☐ 5 people in household - \$2,000
- ☐ Over 5 people in household - \$2,000

Please note this needs to match how many individuals you are applying for in your household.

Funding cannot be used for:

The following items **WILL NOT** be funded as outlined in the Guidelines:

- Activities or items that do not achieve social, life or educational participation.
- IT equipment and IT hardware (including computers, laptops, mobile phones etc)
- Activities that do not occur within the ACT, unless they are online.
- Costs of projects or activities that have already taken place, or items that have already been purchased.
- Operational insurance costs, or costs specific to the project
- Debt repayments of any kind, including personal loans, or HECS-HELP debt.
- Projects or activities already funded by the ACT Government or Australian Government.
- Any travel or accommodation costs.
- Projects or activities which are deemed to be inappropriate or offensive.
- Private or public events such as festival, parties, and celebrations.

Have you applied for any other grants to fund this activity? *

- ☐ Yes
- ☐ No

If yes, please provide details: *

Feedback, Review and Submit

* indicates a required field

Certification - Individuals

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

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I understand that if the Health and Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title

First Name

Last Name

Date *

Must be a date

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *

☐ Yes

☐ No

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Health and Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

If your Tenant Participation Grant application is successful, would you be happy for the Health and Community Services Directorate to contact you after the grant to hear about your experience and how the funding helped you and/or your family? This may also include an opportunity to be involved in a short case study or a de-identified story to help promote future grants. *

☐ Yes

☐ No

Feedback

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button, please take a few moments to provide some feedback.

We value any feedback you may have regarding the grant's application process.

How did you find out about the Tenant Participation Grant Program (please select all that apply): *

- ☐ Social Media - Facebook
- ☐ Social media - Linked in
- ☐ Social media - other
- ☐ Our Canberra (printed or online)
- ☐ ACT Government Grants Portal
- ☐ Newsletter
- ☐ Child Youth Protection Services
- ☐ SMS

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- ☐ Email
- ☐ Mail
- ☐ Flyer/Postcard in Gateway
- ☐ Housing Manager
- ☐ Word of mouth
- ☐ Community Housing Provider
- ☐ CIT / Tertiary Education
- ☐ Library
- ☐ School
- ☐ Other:

Do you have any other suggestions as to how we can spread awareness of these Grants?

Please indicate how you found the online application process: *

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

Please provide us with any improvements and/or additions to the application process / form that you think we need to consider:

Did you seek support from the Tenant Participation Team to assist you in completing your Grant Application? *

- ☐ Yes
- ☐ No