HOUSING APPLICATION FORM

Please understand that the information you provide on this form will help the Trangie Local Aboriginal Land Council make decisions relating to your application.

The information will be used to make the following:

- Your eligibility for housing
- The type of housing best suited to you
- The size of the property needed
- The location needed

PERMISSION STATEMENT FOR TRANGIE LOCAL ABORIGINAL LAND COUNCIL TO COLLECT AND EXCHANGE INFORMATION WITH OTHER ORGANISATIONS RELEVANT TO YOU HOUSING APPLICATION

- When assessing your application or during any tenancy, we may need to exchange information relevant to your housing with FACS Housing Services or other organisations.
- Without this permission your application cannot be processed.
- You have the right to look at your personal information and to make a correction, in accordance with the NSW Privacy and Personal Information Protection Act 1998.
- When signing this application you are confirming that you understand these statements and give permission to complete these actions.

DECLARATION

- 1. I understand the instructions given on this application form.
- 2. I agree that the information provided is correct to the best of my knowledge
- 3. I understand the above permission statement and declaration.

NOTE: For your application to be processed, you MUST answer all the questions and <u>SIGN</u> the declaration

Applicants Name (please print)	Joint Applicant (please print)		
Applicants Signature			
Date			

THIS FORM IS CONFIDENTIAL. THE INFORMATION YOU SUPPLY WILL ONLY BE USED FOR THE PURPOSE OF BEING HOUSED WITH TRANGIE LOCAL ABORIGINAL LAND COUNCIL IN ACCORDANCE WITH THE PRIVACY LEGISLATION REQUIREMENTS.

NEW APPL	LICATION		REVI	EW 🗆			
1. APPL	ICANT DETAILS						
Applicant	: 1: Name:					_	
Applicant	: 2: Name:						
1.1 Add	dress of Main Applica	nt					
No & Stre	et:					_	
Suburb:					Post Co	ide:	
					1 001 00	<u> </u>	
	ntact Phone Numbers		Applic	ant	1,0,		
Home		Mobile			Work		
1.3 Are	you a member of the	Trangie L	_ocal	Aboriginal La	nd Counci	l Yes / No	
1.4 Are	you related to any st	aff or Boa	rd me	ember of the	Trangie Lo	cal Aboriginal Land	
Cou	ıncil Yes / No						
1.5 Do	you have a Certificate	of Confir	rmatic	on of Aborigin	nality?	Yes / No	
1.6 Do	you regularly attend 1	Γrangie L <i>l</i>	ALC n	neetings?		Yes / No	
1.7 Are	you actively participa	ating in th	e con	nmunity?		Yes / No	
Please p	rovide details of your	involvem	ent				
2. CURR	ENT HOUSING DET	AILS					
24 Wh		auged by?	,				
	o are you currently housing Services						
	· ·	Aborigina Housing		nmunity	Private / L	_andlord □	
(Housing NS	·		Other				
Mainstrea	m Housing				ess, Living at I	nome/relatives etc)	
Name of I	andlord/Housing Provi	dor:					
	sons at your address:	uer.					
<u> </u>	rooms at your current a	iddress:					
	e primary tenant who a		the	Yes/No			
_	al Tenancy Agreement						
What is yo	our weekly rent/board y	ou pav at v	vour	\$			
current ad		. , .	,	NOTE : A current rent receipt must be provided with application			
	urrently buying, paying	off a morto	gage	Yes/No			
How long	y other property? have you lived at your	current		Years	<u> </u>	onths	
address?					·· · · ·		

3. RENTAL HISTORY

Supply 2 references from previous Landlords for the past 5 years	1. Landlords Name: Landlords Address:
	Landlords contact no.
	2. Landlords Name: Landlords Address:
Supply current rent receipts for 2 weeks	Landlords contact no
Supply culterit rent receipts for 2 weeks	1 CO / INO

4. HOUSING REQUIREMENTS

4.1 What are your housing requirements?

	Single	
Do you require accommodation for?	Couples	
	Family	
How many people are to be housed?	AdultsChildren	-
How many of proposed residents are Aboriginal?		
	1	
How many bedrooms do you require?	2	
Trow many bedrooms do you require:	rooms do you require? 3 □	
	Yes/No	
Do you have pets?	Туре	_
	Breed	_
Do you, or any of the proposed residents, own, or part own any property	Yes / No	
Is your current rent subsidised	Yes / No By Whom	_
Please detail any special needs that maybe required		

4.2 List all people to be housed, inclu Name		DOB	Relationship to you	Sex
MEDICAL CONDITIONS	8			
Type of Medical Condition	Long Term / Sh	nort Term	Age of person with r	nedical condit
LOCATION				
TRANGIE		Yes / No		
OTHER		If Other: When	re	
This is only available when the takes on the role of Housing porganisations outside of the Tri	rovider for			
EMPLOYMENT				
Occupation				
Employer				
Employer Address				
Employer Contact - Telephone	, I			
Employer Contact - Telephone Period of Employment		/ /_ to	1 1	

8. INCOME

Please supply details of total income to the household (Include wages, Centrelink payments, Interest from Investments, Pension and allowances. Evidence of income must be supplied by providing copies of 2 wage slips or group certificates, copies of income statement from Centrelink or a letter from Centrelink stating that there are nil payments being received.

Tenant	
Tenant partner	
3 rd person	
4 th person	

PROOF OF IDENTIFICATION

Prior to any Tenancy Application being considered, each applicant is required to produce sufficient identification. Should you have difficulties in providing this information, please advise us prior to completing. Please supply all items listed below:

- Photo Identification (Current Drivers Licence, Proof of Age card
- Copy of 2 recent pay slips
- Centrelink printout
- Medicare Card
- Copy of Utility accounts ie Electricity, telephone, motor vehicle rego

Note: If you are self employed, proof of income (such as a copy of your most recent Tax assessment) is still required

NOTE - No Exceptions

Applicants who **deliberately and/or knowingly** make or provide any misleading information will not be listed on the Housing Wait List or may be removed from the Housing Wait list

C	nce you have completed th	s form please return to:	
Address Details:	PO Box 106 Trangie NSW 282 or by hand delivery to the offic 48 Dandaloo Street, Trangie		
OFFICE USE ONLY			
Date Received:	Name	Signed	
Eligibility Decision:	ELIGIBLE/NOT ELIGIBLE	Date:	
Approved at Board	maating	Date:	