

NAMBUCCA HEADS LOCAL ABORIGINAL LAND COUNCIL
HOUSING APPLICATION FORM

DATE OF APPLICATION.....

PLEASE COMPLETE ALL THE FOLLOWING QUESTIONS

IT IS A REQUIREMENT THAT OUR RECORDS ARE UPDATED EVERY SIX MONTHS IF YOU DON'T FILL IN YOUR DETAILS YOU WILL BE PLACE ON THE BOTTOM OF THE LIST.

APPLICANT DETAILS: _____

CURRENT ADDRESS OF APPLICANT: _____

Who owns the house you are now living in? (Department of Housing, other Community organisations, Caravan Park/Camp/Shelter/Private Landlord):

CONTACT TELEPHONE NUMBERS

HOME: _____

WORK: _____

FRIEND: _____

MOBILE: _____

Current number residing at the above address _____

Number of bedrooms at the above address _____

Whose name appears on the tenancy agreement in the above address? _____

What is your relationship to the person whose name is on the tenancy agreement? _____

What weekly rent do you pay at your current address? _____

(Please provide current rent receipt)

(A rental report will be obtained from your current landlord)

Who did you rent from previously? _____

(A rental report will be obtained from your previous landlord)

Do you currently own any other housing? YES NO

Are you currently purchasing any other housing? YES NO

What is the total gross weekly household income? (Of all Adults) \$ _____

Is your weekly income within the AHO household income limits specified in the Guidelines?

YES NO

(PLEASE PROVIDE A COPY OF A PAYSLIP/CENTRELINK INCOME AND ASSETS STATEMENT OR GROUP CERTIFICATE AS PROOF OF INCOME FOR ALL OCCUPANTS OVER 18YRS)

Do you require housing in a particular location? YES NO

If yes, please state why? _____

Are you on any other housing waiting list? _____

Which waiting lists? _____

Date of applications? _____

Family Complement: (THIS SHOULD INCLUDE APPLICANT AND ALL PEOPLE TO BE PERMANENTLY HOUSED WITH THE APPLICANT).

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT

Please indicate by placing a tick next to any of the above persons to be housed who have special housing design needs, as indicated below:

Ramp Required (Wheelchair or walking frame)

Special Taps (i.e. Person with arthritis)

Inability to climb stairs

Inability to use standard bath or toilet

Dialysis

It other, please specify _____

DECLARATION

To the best of my knowledge and belief, all the information provided on this form and the attached documents is true and correct. **I agree to this information being provided to the Aboriginal Housing Office** and to provide further information as necessary to determine my eligibility under the Housing Aboriginal Communities Program.*

Applicant's Signature: _____ Date: _____

Other Adult members of the Applicants Family: _____ Date: _____

As a requirement under the Privacy Act, Aboriginal Housing Providers are required to obtain the applicant's consent in providing details of their application to the Aboriginal Housing Office (AHO). The AHO as the funding agency will need this information to determine the applicant's