



Affordable Housing Projects

APPLICATION FOR HOUSING FOR SINGLE WOMEN WITHOUT DEPENDANT CHILDREN WHO WISH TO LIVE ALONE

Your application will be assessed on the basis of the information you give on this form. It is essential that you answer all questions with as much detail as possible. You should tick the answer or write in details as appropriate. Personal information provided to Women's Housing Company may be accessed upon request (three working days notice required) by applicants, and applicants can also request details to be corrected where inaccurate information is recorded. Please do not forget to sign and date at this form.

All questions and documentation must be addressed and returned otherwise your application cannot be processed and you will miss out.

How did you hear about this vacant home? Local Press..... Other

PLEASE NOTE - Applications for this property can only be considered if they comply with all the eligibility criteria set out in the 'Important Information and Eligibility Criteria' statement attached.

1 PERSONAL DETAILS

Name: Given Name: Family Name:

Current Address: No. & Street : Suburb: Post Code: How long have you been at this address?: Name of Current Landlord: Phone:

Telephone: (Work) (Home) (Mobile) Email address If you do not have your own phone, please give a number where we can leave a message for you.

Postal Address (If different from 1.2 above) Name / Address and Phone Number of nearest relative or emergency contact person Ph:

| | |
|-----------------------|--|
| Date of Birth: | Gender: Female <input type="checkbox"/> |
|-----------------------|--|

| | | |
|---|------------------------------|-----------------------------|
| Are you a permanent resident or citizen of Australia? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (Please supply documentary evidence e.g. Birth Certificate, Passport, Certificate of Citizenship) | | |

| | |
|---|---|
| Please describe your ethnic / cultural background: (Applicants are asked to provide this information to ensure that Women's Housing Company remains accessible to all members of the community.) | |
| What is your preferred spoken language? | |
| Do you require an interpreter | for spoken English Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | for written English Yes <input type="checkbox"/> No <input type="checkbox"/> |

YOUR INCOME AND ASSETS

Please provide information below on total gross household income (Before Tax).

List all income from any source (i.e. from full or part time employment, Centrelink allowances, rent assistance, income on all financial investments, income received from property).

| NAME OF HOUSEHOLD MEMBER | SOURCE OF INCOME (salary/benefit Child support, interest on investments etc.) | NAME AND ADDRESS OF EMPLOYER (if applicable) | GROSS INCOME PER FORTNIGHT (Before tax) |
|---|--|---|--|
| | | | \$ |
| | | | \$ |
| Total household income before tax per fortnight. | | | \$ |

Occupation and Place of employment

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If your income varies from week to week you should assess your total income for the last financial year or other verifiable period and convert to a fortnightly average.

Please note: You must attach copies of your last two tax returns – this is a requirement for all applicants whether working or not.

If you are currently working, how long have you been in continuous employment?

ASSETS

| | | |
|--|------------------------------|-----------------------------|
| Do you own or are purchasing a house and/or land? If 'Yes' please give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you own other assets that generate income, this includes income from property? If 'Yes' please provide details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you own any other assets other than normal household contents and car? If 'Yes' please give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How many cars or other vehicles do you intend to park at your home regularly? | | |

YOUR CONNECTION WITH THE LOCAL AREA

| | | |
|---|------------------------------|-----------------------------|
| Do you currently live in the area of the home you are applying for? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "Yes" How long have you lived in the area? | Years | Months |
| If "No" – Why do you want to live in this area? | | |

YOUR CURRENT HOUSING

Please tick as many of the criteria below that best describes the reason you are considering changing your home. Please provide an explanation for each criterion you have ticked.

| Criterion | ✓ | Explanation |
|--|---|----------------------------------|
| I find it difficult to pay the rent | | How much is your weekly rent? \$ |
| Accommodation is too small | | |
| Home is in a poor state of repair | | |
| Unsatisfactory location | | |
| Too many stairs/no lift/no wheelchair access | | |

Your Current Housing (Continued)

| Criterion | ✓ | Explanation |
|--|---|-------------|
| Housing is temporary or insecure or I am under a Notice to Vacate. | | |
| It is important that I return to this area | | |
| Other | | |

PLEASE PROVIDE DETAILS BELOW OF THE TYPE OF HOUSING YOUR REQUIRE.

| | |
|--|--|
| How many bedrooms do you need? | |
| Do you have any special housing requirements which may influence your housing needs (e.g. disability, medical conditions, access to public transport, special education)? | |
| Please list the pets that will be kept on the premises. Also please indicate whether they live inside your home. Please note that not all our homes are appropriate for some pets. | |

FURTHER INFORMATION

Please use this space to tell us anything else about your housing need or your connection with the Local area, which may help Women's Housing Company Ltd. assess your application for housing. (Provide a separate sheet if necessary)

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DECLARATION OF INTEREST

| | |
|---|---|
| Do you know of any close connection of any member of your household with any director or staff member of Womens Housing Company or BlueCHP Ltd ? If "Yes" please state the name | Yes <input type="checkbox"/> No <input type="checkbox"/> Name: |
|---|---|

APPLICANT DECLARATION

I have read and understood the Eligibility Criteria for this home, and believe that I meet these criteria.

I declare that the information I have given on this form is true and correct. I understand that I may be asked to supply additional documentary proof in support of any statements I have made. I also agree that Women's Housing Company may contact persons named in this application to verify information and/or seek references and that, if I become a tenant of Women's Housing Company, I understand that I may be again asked to provide documentary proof at any time, upon request by Women's Housing Company Ltd.

False or misleading information may lead to non acceptance of an application and/or render this application null and void. I agree that both Women's Housing Company and Blue CHP Ltd may read and record all the information provided in this form, and any subsequent information I provide relating to my tenancy.

I also agree that this application form may be kept on record so that I can be contacted should a similar vacancy occur in the future. (Delete this clause if inapplicable)

Signed.....

Date.....

Name.....

Checklist

Documents which MUST be included with your application:

Have you remembered to include and attach?

- A reference from your current landlord
- Proof of residency/citizenship in Australia
- A current pay slip (if applicable) not more than 2 weeks old
- Updated Centrelink Income Statement (if applicable)
- Last two financial years' tax returns and Tax Assessments.
- If you have a medical condition, a letter from your doctor or specialist giving details
- Copy of Drivers License or a Copy of Passport or other photo identification.

THESE DOCUMENTS MUST BE PROVIDED OTHERWISE YOUR APPLICATION CANNOT BE PROCESSED.

All questions must be answered and documentation provided otherwise you may miss out.

Please return this form and the accompanying documents to:
Women's Housing Company
74-84 Foveaux Street
SURRY HILLS
NSW 2010