



HOUSING APPLICATION FORM

Please understand that the information you provide on this form will help the Barriekneal Housing & Community Ltd Housing & Community Ltd 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 Barriekneal Housing & Community Ltd HOUSING & COMMUNITY LTD TO COLLECT AND EXCHANGE INFORMATION WITH OTHER ORGANISATIONS RELEVANT TO YOUR HOUSING APPLICATION

- When assessing your application or during any tenancy, we may need to exchange information or investigate tenancy history or seek other information relevant to your housing with state-based housing services, housing providers or other organisations to assess your eligibility
- 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 SIGN the declaration

Applicants Name (please print)

Joint Applicant (please print)

Applicants Signature

Joint Applicant Signature

THIS FORM IS CONFIDENTIAL. THE INFORMATION YOU SUPPLY WILL ONLY BE USED FOR THE PURPOSE OF BEING HOUSED WITH Barriekneal Housing & Community Ltd. IN ACCORDANCE WITH THE PRIVACY LEGISLATION REQUIREMENTS.

NEW APPLICATION

REVIEW

1. APPLICANT DETAILS

<p>Applicant 1: Name: _____</p> <p>Applicant 2: Name: _____</p>

1.1 Address of Main Applicant

<p>No & Street: _____</p> <p>Po Box _____</p> <p>Suburb: _____ Post Code: _____</p>

1.2 Contact Phone Numbers of Main Applicant

Home		Mobile		Work	
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1.3 Are you a member of the Barriekneal Housing & Community Ltd Housing & Community Ltd Yes / No

2. CURRENT HOUSING DETAILS

2.1 Who are you currently housed by?

<p>FACS Housing Services <input type="checkbox"/></p> <p><i>(Housing NSW or AHO)</i></p>	<p>Aboriginal Community Housing <input type="checkbox"/></p>	<p>Private / Landlord <input type="checkbox"/></p>
<p>Mainstream Housing <input type="checkbox"/></p>	<p>Other _____ <input type="checkbox"/></p> <p><i>(I.e. Boarding, Homeless, Living at home/relatives etc.)</i></p>	

Name of Landlord/Housing Provider:	
No of persons at your address:	
No of bedrooms at your current address:	
Are you the primary tenant who appears on the Residential Tenancy Agreement	Yes/No
What is your weekly rent/board you pay at your current address	\$ _____
	NOTE: A current rent receipt must be provided with application
Are you currently buying, paying off a mortgage or own any other property?	Yes/No

3. HOUSING REQUIREMENTS

3.1 What are your housing requirements?

Do you require accommodation for?	Single <input type="checkbox"/> Couples <input type="checkbox"/> Family <input type="checkbox"/>
How many people are to be housed?	Adults _____ Children _____
How many bedrooms do you require?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Do you have pets?	Yes/No
Please detail any special needs that maybe required	

a. Please list all people to be housed, including yourself

Name	DOB	Relationship to you

OFFICE USE ONLY

Date Received: _____ Name _____ Signed _____

Eligibility Decision: ELIGIBLE/NOT ELIGIBLE

Approved at Board meeting Date: _____

PLEASE NOTE : YOU MUST PROVIDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

FAILURE TO SUPPLY THE FOLLOWING DOCUMENTS WILL RESULT IN THE BOARD OF DIRECTORS NOT BEING ABLE TO PROCESS YOUR APPLICATION.

CHECKLIST

- PROOF OF IDENTIFICATION (3 TYPES) EG: DRIVERS LICENSE, MEDICARE CARD, BANK CARD BIRTH CERTIFICATE
- PROOF OF ABORIGINALITY
- LATEST CENTRELINK INCOME STATEMENT (FOR ALL APPLICANTS CURRENTLY WORKING, INCLUDING YOUR PARTNER)
- 3 RECENT PAYSLIPS (FOR ALL APPLICANTS CURRENTLY WORKING, INCLUDING YOUR PARTNER)
- RENT LEDGER AND REFERENCE (OR LATEST CONDITION REPORT) FROM YOUR CURRENT LANDORD.
- MEMBERSHIP APPLICATION AND \$5 FOR NEW MEMBERSHIP (IF YOU ARE NOT A CURRENT MEMBER OF BARRIEKNEAL HOUSING)
- PRIVACY NOTICE AND CONSENT FORM

ONCE YOU HAVE COMPLETED THIS FORM PLEASE RETURN TO :

BARRIEKNEAL HOUSING AND COMMUNITY LTD, 33 OPAL STREET, LIGHTNING RIDGE NSW

OFFICE USE ONLY

Date Received _____ **Time Received** _____

Name _____ **Signed** _____

