

NAME: _____
 Date Received: _____
 E V H N S All No. of Applicants: _____

Housing Application Form

(*Applications will generally only be retained for up to 12 months unless otherwise agreed)

Nominating Agency (if applicable)			
Organisation name:		Phone:	
Primary Contact name:		Email:	

Your Personal Details			
Family name(s) / surname(s):			
Given name(s) / first name(s):		Title: - Mr, Ms, etc	
Date of Birth:		Age:	<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Diverse
Country of birth:			
Current Home Address:		Post Code:	
Language(s) – other than English, spoken at home:			
1. Are you of Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently employed or working?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Centrelink Customer Reference Number (CRN):			
Your current occupation (or former occupation if retired):			
Your fortnightly income: – gross wages received:			\$
4. Are you currently studying or training?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Given your response to Q4, please indicate where you are studying			
5. Are you currently receiving a Government pension or allowances?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>tick below all that apply</i>
<input type="checkbox"/> DSP	<input type="checkbox"/> TPA	<input type="checkbox"/> Carer’s allowance	<input type="checkbox"/> Aged pension
<input type="checkbox"/> Youth allowance	<input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family tax	<input type="checkbox"/> Child support	<input type="checkbox"/> Parenting payment	<input type="checkbox"/> Other
Amount of Government payments received per fortnight:			\$
Amount of other Income received per fortnight for all applicants (include maintenance):			\$

Your Contact Details	
Home phone:	Mobile phone:
Email address:	

Assets			
Please provide a summary detailing the current assets of all applicants: – *note: this includes: car(s), savings, shares etc.			
Item:		Item:	
Value: \$		Value: \$	

Additional Applicants			
6. Please provide personal details for additional candidate(s) or household member(s), wishing to be included in this application: – <i>*note: this includes both adults and children.</i>			
Applicant 2			
Family name(s) / surname(s):			
Given name(s) / first name(s):			
Title: – <i>Mr, Mrs, Miss, Ms (if applicable)</i>			
Relationship to primary applicant: – <i>Son, Daughter etc</i>			
Date of Birth:		Age:	<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Diverse
Country of birth:			
Current Home Address:		Post Code:	
1. Applicant 2 – are you currently employed or working?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES: Your current occupation (or former occupation if retired): Your weekly income: – <i>gross wages received:</i>		\$	
2. Applicant 2 – are you currently studying or training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Given your response to Q2, please indicate where you are studying			
3. Applicant 2 – Are you currently receiving any pensions or allowances?		<input type="checkbox"/> Yes <i>tick below all that apply</i>	<input type="checkbox"/> No
Centrelink Customer Reference Number (CRN):			
<input type="checkbox"/> DSP	<input type="checkbox"/> TPA	<input type="checkbox"/> Carer's allowance	<input type="checkbox"/> Aged pension
<input type="checkbox"/> Youth allowance	<input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family tax	<input type="checkbox"/> Child support	<input type="checkbox"/> Parenting payment	<input type="checkbox"/> Other
Applicant 3			
Family name(s) / surname(s):			
Given name(s) / first name(s):			
Title: – <i>Mr, Mrs, Miss, Ms (if applicable)</i>			
Relationship to primary applicant: – <i>Son, Daughter etc</i>			
Date of Birth:		Date of Birth:	
Country of birth:			
Current Home Address:		Post Code:	
1. Applicant 3 – are you currently employed or working?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES: Your current occupation or field of work: Your weekly income: – <i>gross wages received:</i>		\$	
2. Applicant 3 – are you currently studying or training?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Given your response to Q2, please indicate where you are studying:			
3. Applicant 3 – Are you currently receiving any pensions or allowances?		<input type="checkbox"/> Yes <i>tick below all that apply</i>	<input type="checkbox"/> No
Centrelink Customer Reference Number (CRN):			

<input type="checkbox"/> DSP	<input type="checkbox"/> TPA	<input type="checkbox"/> Carer's allowance	<input type="checkbox"/> Aged pension
<input type="checkbox"/> Youth allowance	<input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family tax	<input type="checkbox"/> Child support	<input type="checkbox"/> Parenting payment	<input type="checkbox"/> Other

Applicant 4

Family name(s) / surname(s):			
Given name(s) / first name(s):			
Title: – <i>Mr, Mrs, Miss, Ms (if applicable)</i>			
Relationship to primary applicant: – <i>Son, Daughter etc</i>			
Date of Birth:		<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Diverse	
Country of birth:			
Current Home Address:		Post Code:	
1. Applicant 4 – are you currently employed or working?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Your current occupation or field of work:			
Your weekly income: – <i>gross wages received</i> :		\$	
2. Applicant 4 – are you currently studying or training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Given your response to Q2, please indicate where you are studying			
3. Applicant 4 – Are you currently receiving any pensions or allowances?		<input type="checkbox"/> Yes <i>tick below all that apply</i> <input type="checkbox"/> No	
Centrelink Customer Reference Number (CRN):			
<input type="checkbox"/> DSP	<input type="checkbox"/> TPA	<input type="checkbox"/> Carer's allowance	<input type="checkbox"/> Aged pension
<input type="checkbox"/> Youth allowance	<input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family tax	<input type="checkbox"/> Child support	<input type="checkbox"/> Parenting payment	<input type="checkbox"/> Other

Applicant 5

Family name(s) / surname(s):			
Given name(s) / first name(s):			
Title: – <i>Mr, Mrs, Miss, Ms (if applicable)</i>			
Relationship to primary applicant: – <i>Son, Daughter etc</i>			
Date of Birth:		<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Diverse	
Country of birth:			
Current Home Address:		Post Code:	
1. Applicant 5 – are you currently employed or working?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES: Your current occupation or field of work:			
Your weekly income: – <i>gross wages received</i> :		\$	
2. Applicant 5 – are you currently studying or training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Given your response to Q2, please indicate where you are studying			
3. Applicant 5 – Are you currently receiving any pensions or allowances?		<input type="checkbox"/> Yes <i>tick below all that apply</i> <input type="checkbox"/> No	
Centrelink Customer Reference Number (CRN):			

<input type="checkbox"/> DSP	<input type="checkbox"/> TPA	<input type="checkbox"/> Carer's allowance	<input type="checkbox"/> Aged pension
<input type="checkbox"/> Youth allowance	<input type="checkbox"/> Austudy	<input type="checkbox"/> Abstudy	<input type="checkbox"/> Newstart
<input type="checkbox"/> Family tax	<input type="checkbox"/> Child support	<input type="checkbox"/> Parenting payment	<input type="checkbox"/> Other

Housing History

7. Please indicate which of the following best describes your **current housing** situation: – *tick one only*

Homeless or couch-surfing	<input type="checkbox"/>
Living with friends or family	<input type="checkbox"/>
Renting or home owner	<input type="checkbox"/>

8. Given your response to Question 7, how long have you been living at your current address or accommodation?

<input type="checkbox"/> 1-3 months
<input type="checkbox"/> 4-9 months
<input type="checkbox"/> 10-15 months
<input type="checkbox"/> 16+ months

9. What are the primary reason(s) for leaving your previous accommodation: – *tick all that apply*

<input type="checkbox"/> Dispute	<input type="checkbox"/> Lease ended	<input type="checkbox"/> Evicted
<input type="checkbox"/> Financial	<input type="checkbox"/> Inappropriate accommodation	<input type="checkbox"/> Domestic Violence

10. Given your response to Q7, please provide your current Landlord details if applicable:

Your current weekly rent paid:	\$
Current Landlord's name:	
Current Landlord's phone number:	

11. Referee Name (cannot be a relative):

Address:

Mobile contact number:

12. If you have pets, please specify their details*: ** the number of pets you have may influence the properties available to you.*

<input type="checkbox"/> Dog Age: Type:	<input type="checkbox"/> Cat Age:	<input type="checkbox"/> Bird	<input type="checkbox"/> Other
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Housing Preferences

13. Please indicate your preferred housing region: – *tick one only*

North	<input type="checkbox"/>
East (Retirement Village*) <i>* you must be over 55 years of age to apply</i>	<input type="checkbox"/>
South	<input type="checkbox"/>
Victor Harbour (Retirement Village*) <i>* you must be over 55 years of age to apply</i>	<input type="checkbox"/>
I have no preference. Please consider me for all available areas	<input type="checkbox"/>

14. Please indicate the **maximum** weekly rent that you are willing (and can afford) to pay: – **note: In determining this amount please consider your current financial situation, such as: debts, expenses, disposable income etc.*

	\$
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15. Please describe what supports (if any) you currently have available to you?

REGISTRANT DECLARATION

This section MUST be signed by the primary applicant on the understanding that they are giving their consent to share personal information as described. The information collected on this form is used to:

- Assessing your eligibility for NRAS housing with Adelaide Benevolent Society; and
- Matching your registration to other available Adelaide Benevolent Society vacancies; and
- For statistical purposes by government and its agencies including Commonwealth Government, Housing SA, Department for Communities and Social Inclusion.

I declare that:

- All information I have given is true and correct.

I further understand that:

- Incomplete Forms may not be considered.
- Any assistance obtained on the basis of incorrect or false information supplied by me may result in my application being withdrawn.
- I may become ineligible if my circumstances change.
- Disclosure of this information to Housing SA, Department for Communities and Social Inclusion may result in action being taken by Housing SA, Department for Communities and Social Inclusion to recover any outstanding amounts owed.
- Personal information will otherwise be kept confidential and will not be disclosed to any other party without my consent, except as required by an Act of Parliament or Court Order, or where disclosure is authorised by the State Government's Information Privacy Principles.
- I warrant that all persons named on this form are aware that their personal information is being disclosed as described above and consent accordingly.

I consent to:

- Personal information I provide being disclosed within and between government agencies such as Housing SA, Department for Communities and Social Inclusion as required.

Prior to lodging this application:

- Ensure that you understand the terms and conditions and have subsequently signed the Declaration of this form.
- Attach relevant proof of identity for yourself and any / all others wishing to apply.
 - > Passport OR
 - > Current driver's licence or permit OR
- Attach relevant proof of income for yourself and any / all others wishing to apply.
 - > 6x Centrelink payment statements, showing income benefits paid up to the current fortnight.
 - > 6x employment pay-slips, showing gross wages / income earnings up to the current fortnight.
 - > Self-employed applicants – letter from a certified practising accountant showing gross weekly income.
 - > Statutory Declaration (JP signed) stating the supplementary income for child maintenance.

Name: _____

Signature: _____ Date: / /