

Housing Application Form

For Internal Use ONLY Entered in data base

NAME:

Date Received:

E V H N S T B All No. of Applicants:

Nominating Agency Name (if applicable):	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 Neutral	
Country of birth:			
Current Home Address:		Post Code:	
1. Are you of Aboriginal or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Centrelink Customer Reference Number (CRN):			
Your current occupation (or former occupation if retired):			
Location of current work:			
Your fortnightly income: – <i>gross wages received</i> :		\$	
4. Are you currently studying or training?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently volunteering? Please indicate where:			
5. Are you currently receiving a Government pension or allowances?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<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 per fortnight for all applicants (include maintenance):			\$

Your Contact Details

Home phone:		
Email address:		

Assets

Please provide a brief summary, detailing your current assets(s) of all applicants: – **note: this includes: car(s), savings, shares etc.*

Item: Value: \$	Item: Value: \$	Item: Value: \$	Item: Value: \$
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If you have pets, please specify their details*: ** the number of pets 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
Pet Description:	Pet Description:		

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 Neutral	
Current School attending:									
Current Work (or former occupation) :							Amount per week (gross):		
Applicant 3									
Family name(s) / surname(s):									
Given name(s) / first name(s):									
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 Neutral	
Current School attending:									
Current Work (or former occupation) :							Amount per week (gross):		
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:				Age:				<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Neutral	
Current School attending:									
Current Work (or former occupation) :							Amount per week (gross):		
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:				Age:				<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Gender Neutral	
Current School attending:									
Current Work (or former occupation) :							Amount per week (gross):		

Health + Housing History			
7. Please indicate which of the following best describes your current housing situation: – <i>tick one only</i>			
Homeless or couch-surfing	<input type="checkbox"/>		
Living with friends or family	<input type="checkbox"/>		
Renting or home owner	<input type="checkbox"/>		
9. What are the primary reason(s) for leaving your previous accommodation: – <i>tick all that apply</i>			
<input type="checkbox"/> Behavioural	<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, 8, 9, please provide your current Landlord details if applicable:			
Your current weekly rent paid:	\$		
Current Landlord's name:			
Current Landlord's phone number:			
How do you rate yourself as a tenant?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/> Poor <input type="checkbox"/>
11. Referee Name (cannot be a relative):			
Mobile contact number:			
12. Please indicate below any health or social issues over the past 12 months: – <i>tick all that apply</i>			
<input type="checkbox"/> Diagnosed mental health	<input type="checkbox"/> Risk/history of hospitalisation	<input type="checkbox"/> History of self-harm/ suicide	
<input type="checkbox"/> Disability	<input type="checkbox"/> Chronic conditions	<input type="checkbox"/> Cultural / language barriers	
<input type="checkbox"/> Gambling	<input type="checkbox"/> Financial barriers	<input type="checkbox"/> At risk of self-harm / suicide	
<input type="checkbox"/> History of incarceration	<input type="checkbox"/> Drugs and alcohol		
13. Please describe what supports (if any) you currently have available to you?			

14. Please indicate your preferred housing region: –	
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"/>
Tailem Bend (Retirement Village*) <i>* you must be over 55 years of age to apply</i>	<input type="checkbox"/>
15. Please indicate the maximum weekly rent that you are willing (and can afford) to pay: – <i>*note: In determining this amount please consider your current financial situation, such as: debts, expenses, disposable income etc. as well as rent assistance</i>	\$
16. Are you able to use stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. If you are currently renting and subject to a fix-term lease, please advise your anticipated expiry date:	
18. Required property size:	1 bedroom <input type="checkbox"/>
	2 bedroom <input type="checkbox"/>
	3 bedroom <input type="checkbox"/>

Nominee Consent/Authorisation

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 for the purpose of:

- 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.

REGISTRANT DECLARATION

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 registration 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.

Name: _____

Signature: _____ Date: / /

Send completed applications to: office@adelaide.org.au or 17 Morialta Street, Adelaide, SA, 5000