

## **APPLICATION FOR AFFORDABLE HOUSING**

**Date:**

**Applicant Name:**

**Current Address:**

**Business Hours Phone Number:**

***\*\*\*Applications that do not have the requested information will be returned to the applicant and not be assessed.***

### **INCOME**

- If you, are employed casually you must enclose 4 weeks of recent pay slips.
- If you, are employed full/part time you must enclose 2 weeks of recent pay slips.
- If you receive any other type of income, you must attach documents that give current details of the type of payment and the amount received. Other types of income include interest from investments and income from being self employed.
- If you receive any payment from overseas, you must enclose a current Income Statement
- If you receive any payment from Centrelink, you must enclose a current income statement (dated within the last fortnight)

### **DOCUMENTATION REQUIRED**

- Housing references from previous accommodation
- Support letters from referral agencies
- Medical letters indicating any disability or serious health problems

### **PLEASE NOTE**

All information provided to EAH is PRIVATE & CONFIDENTIAL and is needed to assess the applicant eligibility and suitability for an affordable housing.

The purpose of this form is to identify prospective tenants. It does not constitute any agreement by EAH to provide housing services.

Please answer all the questions in as much detail as possible. If you need more room for an answer, please use the space at the end of this form. What you say on this form will be used to make our first assessment of your application.

Please attach any supporting letters or documents. You may also be asked to provide further detail at a later stage.

Please remember to sign and date the declaration at the end of this form.

Completed Application forms are to be sent to:  
Ethan Affordable Housing  
Level 1, 297 Canterbury Road CANTERBURY VIC 3126

# Tenancy Application Form

## Personal Details

Name Title: ..... Surname: ..... Given Names: .....

Contact Numbers Home: ..... Work: ..... Mobile: .....  
Fax: ..... Email: .....

Drivers Licence No: ..... State of Issue: .....  
Do you own a car? Yes/No Make: ..... Model: ..... Reg. No: .....

Other ID (e.g. Passport) No: .....

Do you have any pets? Yes/No If yes, describe .....

## Current Housing

- Private Rental
- Emergency Accommodation
- Transitional Housing
- Public Housing
- Street/Car
- Rooming House
- Family/Friends
- Private Hotel
- Hospital/Rehab unit
- Supported Residential Service
- Prison/detention centre
- Refuge or hostel
- Own home
- Other (Please Specify)

Length of stay at current address: Years ..... Months .....

Reason you need or want to leave current accommodation:

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.....

Landlord/Agent: .....

Address: .....

Phone: .....

Rent Paid pw: \$.....

**Occupation**

Occupation: .....  
Employer: .....  
Address: .....  
Contact Name: .....  
Phone: .....

Full, Part Time or Casual: .....  
Weekly Net Income: \$.....  
Period of Employment: .....  
Position Held: .....  
Mobile: .....

**Previous Employer (if less than 3 years with above):**

Occupation: .....  
Employer: .....  
Address: .....  
Contact Name: .....  
Phone: .....

Full, Part Time or Casual: .....  
Weekly Net Income: \$.....  
Period of Employment: .....  
Position Held: .....  
Mobile: .....

**Personal References**

Name: ..... Phone: .....  
Address: .....  
Relationship: .....

Name: ..... Phone: .....  
Address: .....  
Relationship: .....

Name: ..... Phone: .....  
Address: .....  
Relationship: .....

**Have you ever been evicted or are you in debt to another Lessor or Agent? Yes/No**

**If yes, give details:**

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**If self-employed, please complete the following**

**Company or Trading Name:** .....

**Company Address:** .....

**Suburb:** ..... **Postcode:** .....

**Business Type:** .....

**Position Held:** .....

**ABN:** ..... **ACN:** .....

**Accountant:** ..... **Phone:** .....

**If Student, please complete the following**

**Place of Study:** .....

**Course being undertaken:** .....

**Enrolment number:** .....

**Student I.D.:** .....

**Campus Contact Name:** .....

**Phone Number:** .....

**Other Information**

**Number of persons occupying property**      **Adults: .....**      **Children: .....**

**Names of other persons occupying property:**

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**Other Information (cont)**

If you or a member of your household has any disability or serious health problems, please explain how this affects your housing needs (e.g. unable to manage stairs, need modifications etc.)

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If you have any other needs or preferences for the type, layout, facilities or location of your housing please give details ( e.g. whether you need access to public transport, want outdoor space or a garden, feel safer in a security unit etc.)

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**Financial Information**

Please tick all of the boxes that apply to you so that Ethan Affordable Housing can determine your eligibility for Affordable Housing based on the gross household income. This is the income before tax. You may be requested to provide a current income statement on you household's gross income.

Centrelink CRN Number: \_\_\_\_\_

- Centrelink: New Start Allowance
- Centrelink: Youth Allowance
- Centrelink: Disability Allowance
- Centrelink: Parenting Payment Single
- Centrelink: Family Tax A & B
- Austudy
- Salary/Wages
- Overseas Pension
- Superannuation
- Other: Please specify

**Assets**

Do you own (or have an interest in) residential property?      Yes/No  
Do you have assets that give you an income?                      Yes/No  
If Yes, please give brief details:

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**Your Connection With the Local Community**

Do you have links with the local area?                      Yes/No

If yes, please tick the appropriate boxes

- Where you used to live
- Social connections
- Doctors/Medical connections
- Education/schooling connections
- Family/Friends connections
- Other

Please use the space below to tell us anything else about your links to the local area:

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**Other Information**

Please use the space below to tell us anything else about your housing needs which may help us assess your application form for housing:

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**TENANT DEMOGRAPHIC (put an X in the appropriate boxes)**

1. The number of household residents aged between the following age brackets.

<<..... *Number of household residents* .....>>

	0	1	2	3	4	5	6	7	8	9	10+
0-4											
5-17											
18-25											
26-40											
41-54											
55-64											
65+											

2. The number of couples in the household.

0	1	2	3	4+

3. The number of sole parent(s) in the household.

0	1	2	3	4+

4. The gross household income of all residents.                      \$.....

5. The number of household residents earning an income from the following sources.

<<..... *Number of household residents* .....>>

		0	1	2	3	4	5	6	7	8	9	10+
A	Wages/Salaries (Private Sector)											
B	Wages/Salaries (Public Sector)											
C	Wages/Salaries (Community Sector)											
D	Government pensions & allowances											
E	Self Employed											
F	Superannuation or annuity											
G	Other Sources											

6. The number of household residents employed in the following occupations.

<<..... Number of household residents .....>>

		0	1	2	3	4	5	6	7	8	9	10+
A	Manager											
B	Professionals											
C	Technicians & trade workers - General											
D	Technicians & trade workers - Mechanic											
E	Technicians & trade workers - Hairdresser											
F	Community & Personal Service Workers - General											
G	Community & Personal Service Workers - Childcare											
H	Community & Personal Service Workers - Nurse											
I	Community & Personal Service Workers - Police Officer											
J	Community & Personal Service Workers - Paramedic											
K	Community & Personal Service Workers - Fire Fighter											
L	Community & Personal Service Workers - Teachers											
M	Clerical & administrative Workers											
N	Sales Workers - General											
O	Sales Workers – Retail Worker											
P	Machine Operators & drivers											
Q	Machine Operators & drivers – transport Worker											
R	Labourers											

7. The number of household residents employed in the following industries.

<<... Number of household residents ...>>

		0	1	2	3	4	5	6	7	8	9	10+
A	Agriculture, forestry & fishing											
B	Mining											
C	Manufacturing											
D	Electricity, gas, water & waste services											
E	Construction											
F	Wholesale trade											
G	Retail trade											
H	Accommodation & food services											
I	Transport, postal & warehousing											
J	Information, media & telecommunications											
K	Financial & insurance services											
L	Rental, hiring & real estate services											
M	Professional, scientific & technical services											
N	Administrative & support services											
O	Public administration & safety											
P	Education & training											
Q	Health care & social assistance											
R	Arts & recreation services											
S	Other services											

8. The number of household residents that are of Aboriginal or Torres Strait Islander descent.

<<..... *Number of household residents* .....>>

0	1	2	3	4	5	6	7	8	9	10+

9. The number of household residents that are a person with a Disability.

<<..... *Number of household residents* .....>>

0	1	2	3	4	5	6	7	8	9	10+

10. The total length of the NRAS lease you are seeking.

6mths	12mths	18mths	24mths	30mths	36mths

11. Accommodation arrangements of each household resident prior to the NRAS lease you are seeking.

<<..... *Number of household residents* .....>>

		0	1	2	3	4	5	6	7	8	9	10+
A	Home – Fully owned											
B	Home – Being purchased											
C	Rented – State or Territory Housing Authority											
D												
E												
F												
G												

12. The number of household residents that receive Commonwealth Rental Assistance.

<<..... *Number of household residents* .....>>

0	1	2	3	4	5	6	7	8	9	10+

## APPLICANT DECLARATION

To the best of my knowledge, the information I have given on this form is true and correct.

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signed: \_\_\_\_\_

*Administration Use Only*

*Date Application Received:* \_\_\_/\_\_\_/\_\_\_\_\_

*Date Application Processed:* \_\_\_/\_\_\_/\_\_\_\_\_