



# APPLICATION FOR AFFORDABLE HOUSING FORM

Your application will be assessed on the basis of the information you give on this form. It is essential that you answer all questions in as much detail as possible.

**Please tick one of the following boxes to indicate the location your application is for. Locations with a hashtag (#) indicates housing for single-parent families is available. \***

- #CARLINGFORD 264-268 Pennant Hills Rd, Carlingford
- #ELDERSLIE 11 Penrhyn Crescent, Elderslie
- GLENBROOK 30 King Street, Glenbrook
- FIVE DOCK 8 Kings Road, Five Dock
- GOULBURN 179 Clinton Street, Goulburn
- JESMOND 3 Kiah Avenue, Jesmond
- #LISMORE 26 Dibbs Street, Lismore
- LISMORE 19 Dalziell Street, Lismore
- NEW LAMBTON 71 Bridges Road, New Lambton
- NEW LAMBTON 129 Hobart Road, New Lambton
- #POINT CLARE 12 Girralong Avenue, Point Clare
- SPRINGWOOD 315 Macquarie Road, Springwood

## APPLICANT DETAILS

**Applicant Name \***

Title (Mr, Mrs, Miss, Ms, etc.)    First Name(s)    Last Name

**Date of birth \***



Day    Month    Year

**Current Address \***

Street Address

Suburb

State

Postcode

**Do you have a postal address that is different to your current address? \***

YES

NO

**Postal Address (if different from current address)**

Street Address

Suburb

State

Postcode

**Home Phone**

**Mobile Phone \***

**Email Address \***

**If BaptistCare is unable to reach you with the above contact details, please give a number where we can leave a message for you:**

**Do you have a Driver's License? \***

YES

NO

**Driver's Licence No.**

**Driver's License Expiry Date**



Day Month Year

**Are you a permanent resident or citizen of Australia? \***

Yes

No

**What is your country of birth? \***

**What is your preferred spoken language? \***

**Do you require an interpreter for spoken English? \***

Yes

No

**Do you require an interpreter for written English? \***

Yes

No

**Select all that apply if you identify yourself as any of the following \***

Ageing (55+)

Indigenous

Disabled

Not Applicable

**Are you a smoker? \***

YES

NO

**Do you own a car? \***

YES

NO

## **PEOPLE WHO WILL LIVE WITH YOU**

**Will you have people who will live with you if you are offered a property? \***

YES

NO

**If you answered yes to the previous question, provide details of the people who will live with you if you are offered a property.**

Details must include Name, Gender, Date of Birth, Relationship to you, Income type (Centrelink, employment, pension etc.). If you answered No in the previous question type N/A.

**Of the people you listed in the previous question, are any of them NOT currently living with you? If so, please provide reasons why.**

Specify their names and the reason why they are NOT currently living with you. If none apply, type N/A.

# YOUR CURRENT HOUSING ARRANGEMENT

**How long have you lived at your current address? \***

**What is your current weekly rent? \***

**Name of your current landlord/agent? \***

The name of the person you are currently paying rent to.

**Landlord/Agent Phone number \***

The contact number of the person you are currently paying rent to.

**Please tick any of the following that best describe your current housing condition. \***

- I find it difficult to pay the rent
- Housing is overcrowded
- Home is in poor state of repair
- Unsatisfactory location
- Too many stairs / no lift / no wheelchair access
- Housing is temporary or insecure
- Other

**Please provide an explanation for each item you have ticked above. \***

# PREVIOUS RENTAL HISTORY

**Did you rent housing previous to your current address? \***

YES

NOT APPLICABLE - proceed to Your Household Income Section

**If you selected Yes in the previous question, please provide your previous address.**

Street Address

Suburb

State

Postcode

**Start date of previous rental property**



Day Month Year

**End date of previous rental property**



Day Month Year

**Rent paid per week**

**Name of Previous Landlord/Agent**

**Previous Landlord/Agent phone number**

**Was the bond refunded in full?**

Yes

No

**If not, please specify why the bond was not refunded in full.**

**Did you rent housing previous to this property?**

YES

NOT APPLICABLE - proceed to Your Household Income Section

**If you selected Yes in the previous question, please provide your previous address.**

Street Address

Suburb

State

Postcode

**Start date of previous rental property**



Day Month Year

**End date of previous rental property**



Day Month Year

**Rent paid per week**

**Name of Previous Landlord/Agent**

**Previous Landlord/Agent's phone number**

**Was the bond refunded in full?**

Yes

No

**If not, please specify why the bond was not refunded in full.**

## **YOUR HOUSEHOLD INCOME**

**Please provide information on your current household's gross income (before tax). Details you need to provide include their name, source of income, name & address of their employer and their gross income per fortnight. \***

This includes every person in your household that receives an income through full or part-time employment, pensions, benefits, investments, or any other income. You will need to provide evidence and documentation of income for the entire household.

**Household's total gross income per fortnight.**

Sum of the gross income of each household member. Please provide amount to the nearest cent (eg. \$100.00)

## **YOUR CURRENT EMPLOYMENT**

**Please select all that apply to your current employment situation. \***

I am currently working

I am currently not working

I am retiring

I am retired

**What is your current occupation?**

**Who is your current employer**

**Employer's Address**

Street Address

Suburb

State

Postcode

**Employer's Phone number**

Provide a landline or mobile contact number.

**Start date of your employment**



Day Month Year

## **PREVIOUS EMPLOYMENT HISTORY**

**Were you employed previous to your current employment? \***

YES

NO - Proceed to Your Household's Assets Section

**What was your previous occupation?**

**Who was your previous employer**

## Previous employer's address

Street Address

Suburb

State

Postcode

## Previous employer's phone number

## Start date of previous employment



Day Month Year

## End date of previous employment



Day Month Year

# YOUR HOUSEHOLD'S ASSETS

**Do you or any member of your household own any assets? \***

YES

NO

**If answered YES in previous question, provide details of the assets your household owns.**

Name the type of asset(s) and their value amount to the nearest cent (eg. \$100.00)

# YOUR HOUSING AND SUPPORTING NEEDS

**Number of bedrooms you require based on your household needs. \***

**Do you or any family members have any special housing requirements which may influence your housing needs. \***

Yes

No

**If answered YES in previous question, provide details of any special housing requirements which may influence your housing needs.**

This may include a disability, medical condition, access to public transport etc.

**Do you have any special requirements in the type of property you require or the layout of the property? \***

Yes

No

**If answered YES in previous question, provide details of the type of property or layout you require.**

**Do you have any pets? \***

Yes

No

**If answered YES in previous question, provide details of the type of pets you own. Please note that not all of our properties are appropriate for some pets.**

Provide the number of pets you own, types of animal, breed, age etc.

**Are you able to live independently, without support? \***

Yes

No

**Do you have a support worker currently working with you? \***

Yes

No

**If answered YES in previous question, please provide details of who is currently supporting you. Specify your relationship to them.**

Specify if they are support worker, relative, friend, etc.

**Please describe any other support or housing needs that you have not mentioned in the previous questions.**

If you do not have any other requirements to add, please answer "N/A"

## CONNECTION WITH THE LOCAL AREA

**Do you currently live in the same area as the affordable housing property you are applying for? \***

Yes

No

**If you answered YES in the previous question, how long have you lived in the area?**

Please specify the number of years and/or months you have lived in the same area.

**What are the reasons you want to live in the area? \***

## FURTHER INFORMATION

**Please use this space to tell us anything else about your housing needs, your connection with the local area, your current housing circumstances or any other information which may help BaptistCare assess your application for housing. \***

# INFORMATION ON PRIVACY

Please read the following information on privacy. Once you have finished reading, tick the box to that confirms you have read and agree to the terms and conditions stated.

- BaptistCare NSW & ACT [BaptistCare] is collecting personal information about you and/or your family to assess your eligibility for housing in an attempt to provide you with housing assistance. Any information you provide to BaptistCare in this application, or by any other means, is treated with the strictest confidentiality. All information held by BaptistCare about you is private and will not be reviewed by anyone outside BaptistCare without your written permission.
- You have the right to access your application and any information on your file.
- You have the right to withdraw your application at any stage and request that your information not to be used.
- If you would like a support worker or family member to discuss your application with BaptistCare you will need to provide written consent.
- If you would like more information regarding BaptistCare's privacy policy, please contact your nearest office or visit BaptistCare website [www.baptistcare.org.au](http://www.baptistcare.org.au)

\*

I have read and agree to the terms and conditions stated above.

# DECLARATION OF INTEREST

**Do you or any member of your household have a close connection with any Director or staff member of BaptistCare \***

Yes

No

**If you answered YES to the previous question, please provide any details of your connection with any BaptistCare staff member or director.**

Provide their name and your relationship to them.

# APPLICANT DECLARATION

**I declare that the information I have provided on this application is true and correct. \***

I agree

**I understand that if I provide false or misleading information then I may no longer be eligible for housing and/or render this application null and void. \***

I agree

**I understand that I may be asked to supply additional documentary proof in support of any statements I have made. I also agree that BaptistCare may contact persons named in this application to verify information and/or seek references and that if I become a tenant of BaptistCare, I understand I may be again asked to provide documentary proof at any time upon request by BaptistCare. \***

I agree

**By signing below, I give permission for BaptistCare to contact the people I have named in this application, provided it is relevant to my application.**

**Full Name \***

**Signature**

**Date \***



Day Month Year

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# DOCUMENT CHECKLIST

**These documents must be included with your application.**

We will not be able to process your application for housing if any information or documentation is missing from your application.

## **More information about types of documents to submit**

Proof of residency/citizenship in Australia includes a birth certificate, certificate of residence status or citizenship.

Proof of income and employment of all household members must include paylips or Centrelink Income Statements.

Payslip submission requirements for the applicant include:

- **Permanent full-time or part-time employment:** 6 weeks worth of the most recent paylips must be provided.
- **Casual employment:** 12 weeks worth of the most recent paylips must be provided.

**Please tick the boxes as you check you have the following documents.**

Copy of your driver's licence or passport.

Proof of residency/citizenship in Australia.

Proof of income details and assets for all household members.

Proof of applicant's current employment including paylips, or current Centrelink Income Statements.

Written reference from your current or previous landlord/agent.

Last two financial years' Tax return and Tax assessments.

Proof of medical condition from your doctor or specialist, if you have specified a medical condition.

Support letters from your caseworker, counsellor or advocacy worker, if you are currently receiving support.

# APPLICATION SUBMISSION

Please return this form and accompanying documents by email to [BHousing@baptistcare.org.au](mailto:BHousing@baptistcare.org.au) or by post to the relevant address below.

## **BaptistCare Bouddi Place**

12 Giralong Avenue  
Point Clare NSW 2250  
Phone: (02) 4337 5495

## **BaptistCare Community Housing Newcastle**

Unit 4/129 Hobart Road  
New Lambton NSW 2305  
Phone: (02) 4032 5296

## **BaptistCare Carlingford (in development)**

PO Box 7626  
Norwest NSW 2153

## **BaptistCare Kitty Doyle**

8 Kings Road  
Five Dock NSW 2046  
Phone: (02) 9166 3965

## **BaptistCare Clinton Place**

179 Clinton Street  
Goulburn NSW 2580  
Phone: (02) 4819 3850

## **BaptistCare Narralling Community**

11 Penrhyn Crescent  
Elderslie NSW 2750  
Phone: (02) 7809 4944

## **BaptistCare Community Housing Lismore**

26 Dibbs Street  
Lismore NSW 2480  
Phone: (02) 6621 6737

## **BaptistCare Wingara Hamlet**

315 Macquarie Road  
Springwood NSW 2773  
Phone: (02) 4751 6849