

Application for Affordable Housing

PLEASE TICK ONE OF THE FOLLOWING BOXES TO INDICATE THE LOCATION YOUR APPLICATION IS FOR:

- | | |
|---|---|
| <input type="radio"/> ELDERSLIE* 11 Penrhyn Crescent, Elderslie | <input type="radio"/> LISMORE 19 Dalziell Street, Lismore |
| <input type="radio"/> GLENBROOK 30 King Street, Glenbrook | <input type="radio"/> NEW LAMBTON 71 Bridges Road, New Lambton |
| <input type="radio"/> FIVE DOCK 8 Kings Road, Five Dock | <input type="radio"/> NEW LAMBTON 129 Hobart Road, New Lambton |
| <input type="radio"/> GOULBURN 179 Clinton Street, Goulburn | <input type="radio"/> POINT CLARE* 12 Girralong Avenue, Point Clare |
| <input type="radio"/> JESMOND 3 Kiah Avenue, Jesmond | <input type="radio"/> SPRINGWOOD 319 Macquarie Road, Springwood |
| <input type="radio"/> LISMORE* 26 Dibbs Street, Lismore | |

** Indicates housing for single parent families is available.*

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.

1. APPLICANT DETAILS:

Title (Mr, Mrs, Miss, Ms, etc.) _____

Last Name _____

First Name(s) _____

Current Address _____

_____ Postcode _____

Postal Address (if different
from current address)

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:

Date of Birth

Drivers Licence No.

Expiry date

Are you a permanent resident
or citizen of Australia?

Yes No

(Please attach documentary evidence)

What is your country of
birth?

What is your preferred
spoken language?

Do you require an interpreter?

For spoken English

Yes No

For written English

Yes No

Do you identify yourself as

Ageing (55+) Indigenous Disabled

2. OTHER PEOPLE WHO WILL LIVE WITH YOU IF YOU ARE OFFERED A PROPERTY?

| Name | Male / Female | Date of Birth | Relationship to you | Income type* |
|------|---------------|---------------|---------------------|--------------|
| | | | | |
| | | | | |

* Income type refers to the source of income e.g. Centrelink payments, pension, employment, insurance, workers compensation.

Of the people you have listed above, are any of them NOT currently living with you? If so, please provide reasons why.

| Name | Reason why they are not currently living with you |
|------|---|
| | |
| | |

3. YOUR CURRENT HOUSING

How long have you lived at your current address?

What is your current weekly rent?

Name of your current landlord / agent?

Landlord / Agent
Phone Number

What are some of the reasons for wanting to move from your current accommodation?

Please tick any of the following that best describe your current housing condition and please provide an explanation for each item you have ticked.

| Current Housing | Explanation |
|--|-------------|
| <input type="radio"/> I find it difficult to pay the rent | |
| <input type="radio"/> Housing is overcrowded | |
| <input type="radio"/> Home is in poor state of repair | |
| <input type="radio"/> Unsatisfactory location | |
| <input type="radio"/> Too many stairs / no lift / no wheelchair access | |
| <input type="radio"/> Housing is temporary or insecure | |

4. PREVIOUS RENTAL HISTORY 1

Previous Address _____

Postcode _____

Length of time at above address

From: _____

To: _____

Rent Paid per week

\$ _____

Name of Landlord / Agent _____

Landlord / Agent Phone Number _____

Was the bond refunded in full?

Yes No

If no, please specify why? _____

5. PREVIOUS RENTAL HISTORY 2

Previous Address _____
Postcode _____

Length of time at above address From: _____
To: _____

Rent Paid per week \$ _____

Name of Landlord / Agent _____

Landlord / Agent Phone Number _____

Was the bond refunded in full? Yes No

If no, please specify why? _____

6. YOUR INCOME

Please provide information on your household's gross income (before Tax). This includes full or part time employment, pensions, benefits, investments or any other income.

| Name | Source of Income | Name & Address of Employer (if applicable) | Gross Income per fortnight |
|------|------------------|--|----------------------------|
| | | | |
| | | | |
| | | Total \$ | |

You will need to:

- provide evidence of income for the entire household and
- attach documentation to this application.

7. YOUR CURRENT EMPLOYMENT

Occupation _____

Current Employer _____

Employer Address _____

Postcode _____

Employer's Phone Number _____

Length of Employment From: _____ To: _____

8. YOUR PREVIOUS EMPLOYMENT

Occupation _____

Previous Employer _____

Employer Address _____

Postcode _____

Employer's Phone Number _____

Length of Employment From: _____ To: _____

9. YOUR ASSETS

Do you or any members of your household own any assets?

| Type of Asset | Value |
|---------------|-------|
| | |
| | |
| | |
| | |

10. YOUR HOUSING AND SUPPORT NEEDS

Please provide details below of the type of housing you require.

Number of bedrooms required based on your household composition.

Do you or any family members have any special housing requirements which may influence your housing needs (e.g. a disability, medical condition, access to public transport)?

Yes No *If yes, please provide details*

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

Yes No *If yes, please provide details*

Do you have any pets? Type of pets?

Yes No *If yes, please provide details*

Please note that not all of our properties are appropriate for some pets.

Are you able to live independently, without support?

Yes No

Do you have a support worker currently working with you?

Yes No

If yes, who are you being supported by?

Please describe any other support or housing needs not already listed above.

11. CONNECTION WITH THE LOCAL AREA

Do you currently live in the area of our affordable housing properties?

Yes No

If Yes, how long have you lived in the area?

Years Months

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

12. 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.

13. INFORMATION ON PRIVACY

- 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

14. 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 yes, please give details

15. APPLICANT DECLARATION

- I declare that the information I have provided on this application form is true and correct.
- 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 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.

By signing below, I give permission for BaptistCare to contact these people, provided it is relevant to my application.

Name _____

Signature _____ Date _____

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

BaptistCare Bouddi Place

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

BaptistCare Kitty Doyle

8 Kings Road
Five Dock NSW 2046
Phone: 0438 437 731

BaptistCare Clinton Place

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

BaptistCare Narralling Community

Housing Manager
PO Box 377
Narellan NSW 2567
Phone: 0490 126 872

**BaptistCare Community Housing
Newcastle**

Housing Manager
PO Box 412
Wallsend NSW 2287
Phone: 0466 495 296

BaptistCare Wingara Hamlet

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

**BaptistCare Community Housing
Lismore**

Unit 21, BaptistCare Garimaleh Place
26 Dibbs Street
Lismore NSW 2480
Phone: (02) 6621 6737

CHECKLIST: Documents that must be included with your application.

We will not be able to process your application for housing if any of this information is missing. Please tick the boxes as you check you have the following documents:

- A written reference from your current landlord or previous landlord
- Proof of residency/citizenship in Australia (e.g. passport, birth certificate)
- Proof of income details and proof of assets for all household members
- A current payslip(if applicable) not more than 2 weeks old or current Centrelink Income Statement (if applicable)
- Last two financial years' tax return and Tax Assessments
- If you have a medical condition, a letter from your doctor or specialist detailing your illness
- Support Letters from case workers, counsellors or advocacy workers (if you are currently receiving support, please provide details in application)
- Photocopy of driver's licence or passport