

North Stradbroke Island Aboriginal & Islander Housing Co-operative

Application for Accommodation

Personal Details

	Self	Partner (if applicable)
Name:		
Address:		
Current Weekly Income:		
Number of Dependants:		
Name/s:		Age/s:
Other:		
Phone No.		

Current/Past Accommodation Details

Current Address:		
Length of time at this address:		
Reason for Application:		
Past Address:		
Length of time at this address:		
Reason for leaving:		
Are you or your spouse/partner past tenants of the Housing Co-op	Yes/No	
Address:		
Reason for leaving:		

Accommodation Required

Please indicate what type of housing you are applying for:

House		Houses will only be allocated to families.
Flat		Flats will not be allocated to families with young children.
House or Flat		Allocations will be based on the above conditions.
Independent Living Unit		These units are allocated to elders of the community.

References

Attach at least three written references - **(Application may not be accepted without references)**
 One from present landlord, one from past landlord and one character reference from non relative

Name:		
Name:		
Name:		

Method of Payment (please circle your preferences)

Direct Bank Debit	or	Centrepay
Weekly	or	Fortnightly

Applicants Declaration

I, _____ solemnly and sincerely declare that I confirm the above information is true and correct.

Applicant's signature:		Date: / /
Witness Signature:		Date: / /

Office Use Only

All questions above have been answered		Yes/No
Island Resident	Yes/No	Length of Time
Current Situation: Urgent/Routine	Comments:	
Date of original application:	/ /	Adjustments have been made to waiting list: Yes/No
Name:	Signature:	Date: / /