

ARGYLE COMMUNITY HOUSING LTD

Lvl 1, 32-36 Wingecarribee St Bowral,
PO Box 1026 Bowral 2576.
Ph (02) 4861 2753 | Fax (02) 4861 2592

1. PERSONAL PARTICULARS (PLEASE PRINT CLEARLY)

First Name: _____ Surname: _____ Mr Mrs Miss Ms

Current Address:

Street: _____ Suburb: _____ State: _____ Postcode: _____

Postal Address (if different to above):

Street: _____ Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ Phone No: _____ Mobile: _____

Sex: Male Female Email: _____

Are you from an Aboriginal or Torres Strait Islander background? Yes No

Are you a permanent resident of Australia? Yes No Country of Birth: _____

First Language: _____ Do you require an interpreter? Yes: No:

2. YOUR CURRENT HOUSING DETAILS

What is your current housing?

Privately Rented Public Housing Caravan Friends Refuge Other

If other, please specify: _____ Real Estate Agent: _____ Phone: _____

What is your weekly rent / board? _____ How many bedrooms? _____ How long have you been there? _____

Is your lease current? Yes No Email: _____

Are you from an Aboriginal or Torres Strait Islander background? Yes No

Are you a permanent resident of Australia? Yes No Lease expiry date: _____

First Language: _____ Do you require an interpreter? Yes: No:

Any other details concerning your current accommodation eg Termination Notice, Substandard or Overcrowded

3. YOUR PREVIOUS HOUSING DETAILS

Property Address:

Street:

Suburb:

State:

Postcode:

Real Estate Agent:

Phone:

What is your weekly rent / board?

How many bedrooms?

4. SPECIAL NEEDS

Are you or anyone in your household unable to climb stairs? (Please tick one only)

Can climb stairs:

Can climb stairs with difficulty:

Cannot climb stairs:

Do you or any other household member have a medical condition (either physical or mental disability) which affects the style and / or location of accommodation?

Yes No (If yes, please provide letters of confirmation and/or support of any health issues or disability & how this affects your housing circumstances.)

Do you or any members of your house need wheelchair access? Yes No

Do you or any members of your house need modifications such as handrails? Yes No

If you answered "YES" to one of the above three questions please provide details.

Do you receive any support from another agency ie Mental Health, Family Support? Yes No

If "YES" please provide details.

5. PROPERTY DETAILS

Which property or location are you applying for?

Size of property: 1 Bed

2 Bed

3 Bed

4 Bed

6. OTHER INFORMATION

Do you have any pets? Yes No

If you answered "YES" to the above questions please provide details

Do you have private transport? Yes No

5. FINANCIAL INFORMATION

HOUSEHOLD INCOME

Please provide information below on your household's gross (before tax) income, including wages, benefits, pensions, Austudy, investments, pension from another country etc. Please list all the members of your household, including yourself and say what sort of income they receive and how much each fortnight.

NAME	TYPE OF INCOME	AMOUNT P/FORTNIGHT
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You must attach written proof of all Income & Assets to this application

Do you have any assets which give you income? Yes No

Do you own or have a share in residential property/business? Yes No

If you answered "YES" to one of the above three questions please provide details.

OCCUPATION

Current Employer:

Contact Name:

Employers Address:

Street:

Suburb:

State:

Postcode:

Contact Number:

Type of employment: Full

Part Time

OTHER FINANCIAL COMMITMENTS

Car loan repayments:

p/w

p/f

Personal loan repayments:

p/w

p/f

Credit Card/s:

p/w

p/f

Other payments:

p/w

p/f

6. APPLICATION DECLARATION

Do you or any member of your household have a close connection with the Board of Directors of Argyle Community Housing? Yes No

If "YES" please provide details.

7. DETAILS OF ALL PEOPLE WHO WILL LIVE WITH YOU

NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO YOU
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ATTENTION APPLICANT

Please ensure that all supporting documentation is attached so we can process your application. Refer to the checklist below

CHECK LIST

PROOF OF INCOME

A letter or pay slips from employer(s) verifying your income for the past 12 months.
Centrelink or investment information for all house hold members.

PROOF OF PERMANENT RESIDENCY IF NOT AUSTRALIAN BORN

Passport/Citizenship Certificate

PROOF OF IDENTITY

Drivers license, birth certificate, Medicare card or Passport

PROOF OF CURRENT ASSETS/INCOME

Full 12 months of Bank Statements

CURRENT RENT RECEIPTS

Copy of Residential Tenancy Agreement or three (3) detailed rent receipts with Landlords full name, address and phone number.

MEDICAL REPORT

A medical report from your doctor detailing your illness if applicable.

8. PRIVACY STATEMENT & CONSENT

Any information that you have provided this organisation is treated confidentially

You have given personal information on this application form. This information will only be used by Argyle Community Housing Ltd. to process your application for housing.

When assessing your application we may need to talk to your housing support worker, employer, carer, health professional, Centrelink, current or previous Real Estate or Landlord. Before we can speak to them we will need your permission. Only details which relate directly to your application for housing with Argyle Community Housing Ltd. can be discussed.

If you change your mind and you no longer wish to give permission for your personal information to be used or disclosed, then you can withdraw your permission at any time by writing to Argyle Community Housing Ltd. Your withdrawal will only take effect when Argyle Community Housing Ltd. writes back to you confirming receipt of your request.

If you do not give permission your application may not be processed

You have the right to look at your personal information and to make corrections, in accordance with the NSW Privacy and Personal Information Protection Act, 1998

Argyle needs consent to check your personal and reference information against tenancy reference databases. These are databases that are permitted by law to accumulate reference information about tenants, and their adherence to lease terms.

One of these databases is the TICA Default Tenancy Control Pty Ltd (ABN 84 87 400 379). TICA is a tenancy database that records tenants' personal information from its members including tenancy application inquiries and tenancy history. As TICA may hold private information about you, please read the TICA Disclosure and further information about TICA is provided at the bottom of this page.

By signing below, you acknowledge that you have read and understood the TICA (below) Disclosures.

As TICA may collect personal information about you, the following information about TICA is provided in accordance with the National Privacy Principles in the Privacy Act 1988.

TICA Default Tenancy Control Pty Ltd (ABN 84 87 400 379) is a tenancy database that records a tenant's personal information from its members including tenancy application inquiries and tenancy history. In accordance with the National Privacy Principles you are entitled to have access to any personal information that TICA may hold on any of its databases. You can obtain your information from TICA (proof of identity will be required) by phone: 190 222 0346 - calls are charged at \$5.45 per minute including GST (higher from mobile or pay phone); or by writing to: TICA Public Inquiries, PO Box 120, CONCORD NSW 2137 - a fee of \$14.30 plus stamped self address envelope is required. TICA collects information from its members on tenancy related matters and provides such information to other members as a risk management system for the purpose of assessing a tenancy application. TICA does not provide any information that it collects to any other individual or organisation for any other purpose other than assessing a tenancy application or risk management system other than government departments and or agencies allowed by law to obtain information from TICA.

The personal information that TICA may hold is as follows: name, date of birth, drivers licence number, proof of age card number or passport number (except Australian), comments made by a TICA member in relation to your tenancy, which members you rented through and which members you applied to. Details about TICA can be found on TICA's website at www.tica.com.au under Tenant Information and Privacy Policies or by contacting TICA on the Helpline 190 222 0346 (call charges as above).

CONSENT

I give my permission and authorisation for the relevant persons or organisations detailed within my application to provide, confirm or clarify personal information about me, as long as the information is relevant to my application for housing with Argyle Community Housing Ltd.

I have understood the instructions given on this application form. I agree that the information provided on this form is correct, to the best of my knowledge I understand there are penalties for giving false or misleading information I will inform Argyle Community Housing Ltd. of any changes in my circumstances.

Applicant Name:

Joint Applicant Name:

Applicant Signature:

Joint Applicant Signature:

Date:

Date: