

APPLICATION FOR HOUSING

Note: Failure to complete all questions will delay processing your application.

1. TOWN APPLIED FOR:

When do you require the accommodation?

2. APPLICANT'S DETAILS:

Family Name: First Name(s):

Preferred Title: Mr Ms Mrs Miss Dr Previous Name(s):

Present Address:

Email Address:

Home Telephone No: () Work Telephone No: ()

Mobile No: Facsimile No: ()

School / College to be employed at:

Position:

Please specify Faculty (for example, maths)

Employer Department: DET TAFE Other Government Agency (specify below)

Other (Please Specify):

Act Employed Under: *Teaching Services Act, 1980* *TAFE Commission Act, 1990*

Public Sector Employment and Management Act, 2002

Other (Please Specify):

Employment Status: Permanent Temporary Casual *Nsbets

*Non school based education teaching service

Serial number: (e.g. 8765432) Date of Birth: / /

Driver's Licence No: State/Territory licence issued:

Motor Vehicle Registration No: Motor Vehicle (Make/ Model/ Year):

3. PARTNER AND/OR DEPENDANTS WHO ARE MAINTAINED AND WILL LIVE PERMANENTLY WITH YOU:

Surname	Other Names	Date Of Birth	Relationship	Occupation (if applicable)

4. CONTACT DETAILS:

Note: If you will not be at the address you have provided on page 1 (e.g. during school vacations), please indicate the address(es) and telephone number(s) where you can be contacted with an offer of housing. If the Authority is unable to contact you, an offer of accommodation will be given to the next suitable applicant.

Contact Address:

Telephone No: (include area code)

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Next of Kin (not living with you):

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Relationship to you:

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Telephone No:

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Address:

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5. TYPE OF ACCOMMODATION REQUIRED:

Note: The Authority will assess your application in accordance with the Housing Eligibility and Allocation Policy (HEAP). Please refer to the THA's website at www.tha.nsw.gov.au or contact the Authority on toll free 1300 137 343 for a copy of the HEAP.

Indicate **PREFERRED** accommodation (you may tick more than one box):

- One bedroom villa unit (partly furnished)
- Two-bedroom villa unit (partly furnished)
- Two-bedroom house
- Three-bedroom house
- Four-bedroom house

Single Applicants

Note: Applicants not willing to share accommodation will be afforded a lower priority.

Are you willing to share accommodation with another teacher? Yes No

If Yes, indicate any conditions to your willingness to share (eg share with non-smoker only):

6. DO YOU PRESENTLY LIVE WITHIN 50 KMS OF THE LOCALITY APPLIED FOR?

Yes
No If No, proceed to Question 7

If Yes, do you:

Rent Board Own Other (Specify _____)

Indicate the address and distance from the locality applied for.

	(_____ kms)
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Why are you seeking to move from this residence?

7. HAVE YOU PREVIOUSLY LIVED IN A THA RESIDENCE?

Note: Applicants that have an outstanding debt to the THA are ineligible for THA accommodation until the debt is paid.

Yes If Yes, please state the address(es) of the residence(s) and approximate date(s) vacated
No If No, proceed to Question 8

Previous THA Address(es):	Approximate Date Vacated:

8. DO YOU WISH TO KEEP PET(S) AND/ OR ANIMALS ON THE AUTHORITY PROPERTY?

Note: Pets and animals are not permitted inside the residence. Further information on this issue can be obtained by contacting the Authority.

Yes If Yes, list the number and types of pet(s) and/or animals
No

9. DECLARATION / UNDERTAKING:

- (a) I declare that the information in this application is true and correct. I understand that any false statement or material non-disclosure may result in the termination of any residential tenancy agreement I enter into with the Authority.
- (b) I undertake to notify the THA in writing of any details that change materially prior to my being allocated accommodation.

Applicant's Name:

Applicant's Signature:

Date:

FORWARD TO: Tenancy Services Manager
Teacher Housing
Haymarket Post Shop
Locked Bag 7
HAYMARKET NSW 1240

OR FACSIMILE: (02) 9260 2060

If you require further information, please contact the Authority on:

TELEPHONE: (02) 9260 2000

TOLL FREE: 1300 137 343

EMAIL: thastaff@tha.nsw.gov.au

The Authority will acknowledge this application within 5 working days of receipt.

OFFICE USE ONLY:	DATE	OFFICER
Received, processed/ acknowledged:		

The personal information provided in this application form will be held in accordance with the Privacy and Personal Information Protection Act 1998. It may be disclosed to external organisations or individuals in instances where action relating to recovery of a debt owed to the THA is necessary. You are entitled to access and correct your personal information.