

HOUSING APPLICATION FORM

Due to having a high proportion of tenants in our Very Low income band (under \$33,106), no further applications are being taken from this income group. In line with our Company objectives and to ensure we have a reasonably equal balance of the three eligible income groups, only applications from households earning between \$33,107 and \$94,274 will be processed.

Please answer all the questions as fully as you can. Where there is a box, please mark clearly with a \square . If you do not provide sufficient information, we may not be able to register your application and it may be returned to you for completion.

Don't forget to					
	Sign and date the form before returning it to us at City West Housing, 2/56 Harris Street,				
	Pyrmont, NSW 2009.				
	The following documents must be included with your application:				
	\square Proof of ID for all household members . ID can be any of the following:				
			Copy of Passport		
			Copy of Driving License		
			Copy of Birth Certificate		
		Proof of reside	ncy/citizenship in Australia for applicant		
		Proof of incom	e for all household members over the age of 18 (where applicable):		
			Copies of 2 recent Payslips		
			Last year's Tax Returns and Tax Assessments		
			A copy of Profit and Loss Statement if self-employed		
			A recent Centrelink Income Statement		
			Last year's PAYG Summary from Centrelink		
		A written refer	ence from your current landlord and copy of rental ledger		
		A copy of your	Tenancy Agreement or if lodging, evidence of how much rent you pay		

Remember...

- Your application form will not be registered for accommodation until all the required documentation is provided.
- If you have difficulty completing the form or providing the required documentation, please contact us on 8584 7500.

1. Details About You				
Your title: Mr Miss Mrs Ms Ms				
Surname:				
First names(s)				
Date of birth Male [\square Female \square			
Place of birth				
Your current address:	Postcode			
Your contact telephone numbers are:	Home			
Work	Mobile			
Email address				
Emergency contact name	·			
Contact number	Relationship to you			
Do you require an interpreter? Yes \square	No ☐ Language			
Do you have pets?	would you be willing to accept a property in a pet free			
environment?				
Employment details Occupation				
Name of your employer				
Address:	Tel:			
Length of time employed				
Do you or anyone in your application have an staff at City West Housing If yes, please provide details	association with a member of the Board of Directors or			

First Name(s)	Surname	Gender	Date of Birth	Relationship to Applicant	Access to children. No. of nights per week
. Eligibility					
ease provide infousehold above	the age of 18 who		fore tax). List all mrom any source (e.		
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4. Yo	ur Current Housing						
What i	s your current housing situ	ation?					
	Private Renting		Community/Pu	blic Housing		Homeless	
	Refuge or Hostel		Staying with Fa	mily/Friends		Other	
How m	nany bedrooms does your o	urrent	property have? _				
How m	nany bedrooms do you and	your fa	amily occupy?				
How lo	ong have you been at this a	ddress	?				
How m	nuch rent do you currently	pay (pe	er week) ?				
•							
	nt landlord/agent name		-				
Curren	nt landlord/agent contact n	umber					
5. R	eason for moving						
Why a	re you looking to move? (7	ick all	that apply to you	1			
	Over-crowding	ick all	Too exp			To be nearer work	
	Sub-standard accommod	lation	☐ Eviction				
	Property unsuitable for r	nedica	reasons				
0.1	51 · · · · ·						
Other	reasons. Please specify:						
					_		

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6. Area And Property Type Pre	terence			
In this section, we ask for information a when we make allocations. Although y able to offer you a home in that area. P accommodation and by restricting your	ou have given the Please note that	nis information you will only b	it does not m e made ONE o	ean that we will be
Please tick all areas you would consider	:			
☐ Pyrmont/Ultimo				
☐ Green Square				
☐ North Eveleigh				
Please tick the type of accommodation accommodation for which you are eligible	•	ease note you w	vill only be allo	ocated
	Studio	1 bed	2 bed	3 bed
Unit – Ground Floor				
Unit – Above Ground Floor				
Do you require lift access? Yes □	No□			
7. Declaration In assessing your application, City West	Housing may no	and to talk to yo	ur employer s	and/or landlord to
confirm information you have provided		•		
West Housing to contact these people,				•
To the best of my knowledge, I and correct.				
 I understand that if I provide fa housing with City West Housing 	•	g information, I	may no longe	r be eligible for
I will inform City West Housing		n my circumsta	nces.	
 I understand that I may be requ confirm my on-going eligibility to 	•		cumentation i	f accepted to
Signature			Data	
Signature			Date	

8. Privacy Statement and Disclosure				
I authorise City West Housing to:				
 To check with my previous or current landlord/agent as to my suitability as a tenant To confirm my employment details/income with my employer or accountant (if self-employed) 				
Signature Date				

Please ensure you sign and date your application form and return it to:

City West Housing Telephone: 8584 7500 2/56 Harris Street Fax: 9518 6600

Pyrmont NSW Email: enquiries@citywesthousing.com.au 2009 Web: www.citywesthousing.com.au