

INDEPENDENT HOUSING UNIT

36 HOTHAM AVE - APPLICATION FORM



Please note that you are making application for this property to be your principal place of residence.

Eligibility Criteria:

- a. Be in receipt of a pension from Centrelink or Veterans Affairs
- b. Not own a property

PRIMARY APPLICANT DETAILS		
LAST NAME/SURNAME	FIRST NAME	SECOND NAME
Please tick boxes:		
TITLE:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
DATE OF BIRTH:/...../.....		
CONTACT ADDRESS: _____		
_____		POST CODE: _____
TELEPHONE: _____ EMAIL: _____		

1. Age of applicant:	
(a) 75+	<input type="checkbox"/>
(b) 70 - 75	<input type="checkbox"/>
(c) 65 – 70	<input type="checkbox"/>
(d) 60 – 65	<input type="checkbox"/>
(e) 55 – 60	<input type="checkbox"/>
(f) < 55	<input type="checkbox"/>
2. Able to live independently:	
(a) Yes – no support from HACC or health services	<input type="checkbox"/>
(b) Yes – with support from HACC or health services	<input type="checkbox"/>
(c) Yes – with Carer	<input type="checkbox"/>
(d) No	<input type="checkbox"/>



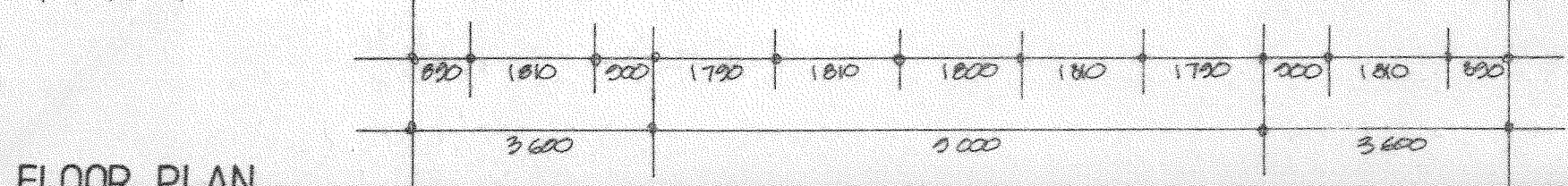
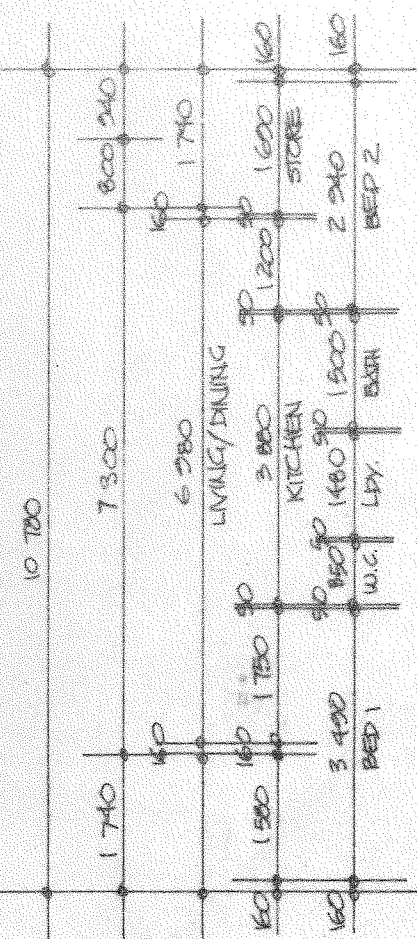
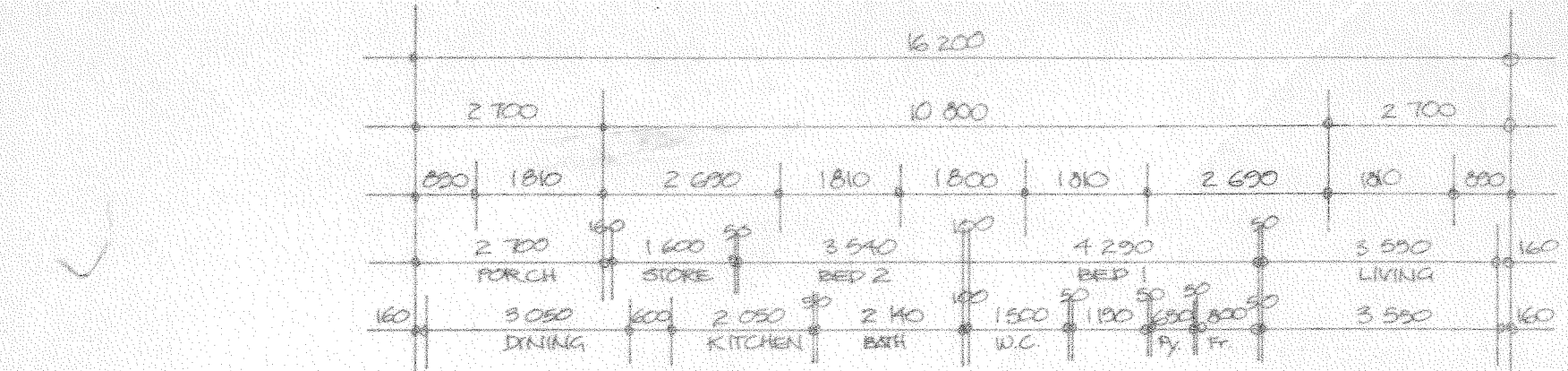
3. Pensioner:	
(a) Age Pensioner	<input type="checkbox"/>
(b) Other Pensioner	<input type="checkbox"/>
(c) Seniors Card Holder	<input type="checkbox"/>
(d) Non-Pensioner	<input type="checkbox"/>
<i>Please note that evidence of your pension eligibility must accompany this form.</i>	
4. Property Owner:	
(a) Do you currently own or jointly own a property?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
(b) Will your property remain in your or joint ownership?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

CO-APPLICANT DETAILS			
LAST NAME/SURNAME	FIRST NAME	SECOND NAME	DATE OF BIRTH
RELATIONSHIP TO APPLICANT:			
NEXT OF KIN			
NAME			
RELATIONSHIP TO APPLICANT			
TELEPHONE			
ADDRESS			

I/we wish to make application for rental of a Shire of Boddington Independent Housing Unit. I/we understand this application will be considered by the Shire, and is subject to meeting the stated eligibility criteria.

Signature of Applicant	Date
<i>OFFICE USE ONLY</i>	
<i>Application Received</i>	
<i>Documentation/evidence provided</i>	
<i>ECM Reference</i>	
<i>Approved for housing</i>	





FLOOR PLAN

