

APPLICATION FOR TENANCY (U01)

94 Boulter Road, Berrimah
Po Box 36998 Winnellie NT 0821
Ph: 0889350100 | Fax: 0889350181
Email: Info@yillihousing.com.au
Web: yillihousing.com.au



This form applicable when you apply for community or affordable housing.

▶ PART A

APPLICANT INFORMATION		
Title : Mrs / Ms / Miss / Mr / Dr / Other		
Name:		
Date of birth:	Driving License Number:	
Current address:		
City:	State:	Post Code:
Home Phone:	Mobile Phone:	Email:
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait <input type="checkbox"/> Others (please specify) _____		
What community are you from? (if applicable)		
What is the name of your Community Government Council?		
Are you on Territory Housing Priority List? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME DETAILS	
EMPLOYER 1	EMPLOYER 2
Name of Company:	Name of Company:
Location:	Location:
Position:	Position:
Name of Direct Supervisor:	Name of Direct Supervisor:
Supervisor Contact Number:	Supervisor Contact Number:
Are you receiving any other income from: Centerlink <input type="checkbox"/> YES, type of payment (1) _____ <input type="checkbox"/> NO (2) _____	
CDEP <input type="checkbox"/> YES, type of payment _____ <input type="checkbox"/> NO	

EMERGENCY CONTACT (Not reside in same property)	NEXT OF KIN (Not the same as Emergency contact)
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:

PROPERTY REQUEST

Which housing are you applying for?

 Affordable Housing ▶ *Please complete PARTs B and C* Community Housing ▶ *Please complete PART C*

Type of property you are applying for?

 1 BEDROOM 2 BEDROOMS 3 BEDROOMS 4 BEDROOMS OTHERS _____

Additional request (if applicable)

▶ PART B (applicable for affordable housing only)

CURRENT RENTAL REFERENCE		PREVIOUS RENTAL REFERENCE	
Agency/ Landlord Name:		Agency/ Landlord Name:	
Contact No:		Contact No:	
Rental Property Address:		Rental Property Address:	
Rental Rate:	p/w	Rental Term:	
Rental Rate:	p/w	Rental Term:	
If you do not have any rental reference/s please state and provide evidence as to why:			

PROOF OF IDENTITY AND ELIGIBILITY**100 POINTS REQUIRED - underlined documents must be included**

<u>Driver's License/Photo ID</u>	40 Pts	<u>Current wage advice</u>	20 Pts	Vehicle registration	10 Pts
<u>Passport</u>	40 Pts	<u>Medicare card</u>	20 Pts	Electricity account	10 Pts
<u>Birth certificate</u>	30 Pts	<u>Previous rent receipts</u>	20 Pts	Telephone account	10 Pts
<u>Other Photo ID</u>	30 Pts	<u>Bank statements</u>	10 Pts	Credit card bill	10 Pts
Others (credit card/ bank card/concession card/ confirmation of aboriginality letter/ _____)					10 Pts

▶ PART C**PRIORITY HOUSING (if applicable)**

If you answered Yes to any question below please attach supporting documentation from doctor, hospital, lawyer, police or social worker that has assisted you. The council of the community, to which you have applied for housing will assess your situation and decide whether you will be granted priority.

Health reasons that are deemed to be severe	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The Applicant/Tenant is in a life threatening situation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The Applicant/Tenant is at risk or is Homeless	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Community Violence	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The current house is seriously affecting the Health of the tenant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other reason (please state) _____		

APPLICANT'S NAME :

LIST OF OTHER APPLICANT(S)				
NAME	DATE OF BIRTH	RELATIONSHIP	M/F	DISABILITY

DECLARATIONS (Please initial each paragraph)

I, the applicant acknowledge that I will make no claim or demand nor commence litigation against the Lessor or his agent should the premises be found to be unavailable due to allocation to another applicant. I also understand that Housing will not necessarily be provided to me immediately and that I will wait for appropriate housing to become available.	Initial:
I will notify the Property Manager of any changes to my current address as stated in Part A of this application and/or if I no longer need assistance with housing.	Initial:
When I am allocated housing I will provide income details of all persons who will be residing with me	Initial:
I give permission for YRHAC to conduct reference checks at its discretion for the purpose of establishing my credentials and suitability to enter into a Residential Tenancy Agreement.	Initial:
Privacy Collection Notice All personal information you provide is only used for risk assessment in your tenancy application and for normal functions of property management, whereby, all personal information provided within this application and during the course of the tenancy remain confidential and will only be disclosed to parties directly affected including the Lessor and/or Government Agencies. Information already held on tenancy databases may also be disclosed to the Lessor and/or Government Agencies. Should the applicant enter into a residential tenancy agreement and fail to comply with their obligations under that agreement, relevant personal information collected about the applicant during the course of the tenancy may also be disclosed to the Lessor and/or Government Agencies.	Initial:

I, the Applicant, hereby acknowledge that I have read and fully comprehend the contents herein including the Privacy Collection Notice.

SIGNATURE OF APPLICANT	IN THE PRESENCE OF
NAME :	NAME :
DATE :	DATE :

▶ PART D – FOR OFFICE USE ONLY

Date Received : _____
Received By : _____
Type of Application : New Applicant Transfer Applicant, Yilli ID _____
Property Manager in Charge : _____

Supporting Documents : Driver's License/Photo ID Current wage advice
 Centerlink Income Statement _____
 _____ _____ _____

REMARK:

Date Submitted to Council/ CEO : _____
Application Approved : YES NO
Priority Approved : YES NO
Applicant Eligible for : (bedroom) 1 2 3 4 others: _____
Wait List ID Number : _____
Address of Property Assigned : _____

A letter is to be sent to applicant informing them of the council's decision within seven days of meeting.
Has Letter Been Sent To Applicant? YES, date ___ / ___ / ___ NO, reason _____

REMARK:

