

APPLICATION FOR TENANCY (U01)

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This is an application form for a new person who wants to apply for community or affordable housing.
For transfer request please fill-out: U17 2019 HOUSING TRANSFER APPLICATION Form.

▶ PART A

APPLICANT INFORMATION		
Title : Mrs / Ms / Miss / Mr / Dr / Other		
Name:		
Date of birth:	Driver's License Number:	
Current address:		
City:	State:	Post Code:
Home Phone:	Mobile Phone:	Email:
Please make that your mobile numbers are contactable at all times and inform Yilli of any changes. Applicants who can't be contacted after three times will be taken off the Need List.		
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:

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

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

(*) Income statement = Current wage advice **or** Centerlink income statement

PROPERTY REQUEST: Which housing are you applying for?

Affordable Housing ▶ *Please complete PARTS B and C*

Darwin Palmerston

Community Housing ▶ *Please complete PART C*

Palmerston Indigenous Village
 Bagot Knuckeys Lagoon
 Others _____

Number of bedrooms

1 BEDROOM 2 BEDROOMS 3 BEDROOMS 4 BEDROOMS OTHER _____

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:			

▶ **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 YES NO

The Applicant/Tenant is in a life threatening situation YES NO

The Applicant/Tenant is at risk or is Homeless YES NO

Community Violence YES NO

The current house is seriously affecting the Health of the tenant YES 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 Yilli or its agents 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 Yilli of any changes to my current details and/or if I no longer need assistance with housing. Applicants who can't be contacted after three times will be taken off the Need List.	Initial:
When I am allocated housing I will provide the latest income details of all persons who will be residing with me to check our eligibility for the housing.	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 : _____
 Property Manager in Charge : _____ / _____

Supporting Documents

100 POINTS REQUIRED - underlined documents must be included

<input type="checkbox"/> <u>Driver's License/Photo ID</u> 40 Pts	<input type="checkbox"/> <u>Income Statement*</u> 20 Pts	<input type="checkbox"/> Vehicle registration 10 Pts
<input type="checkbox"/> Passport 40 Pts	<input type="checkbox"/> Medicare card 20 Pts	<input type="checkbox"/> Electricity account 10 Pts
<input type="checkbox"/> Birth certificate 30 Pts	<input type="checkbox"/> Previous rent receipts 20 Pts	<input type="checkbox"/> Telephone account 10 Pts
<input type="checkbox"/> Other Photo ID 30 Pts	<input type="checkbox"/> Bank statements 10 Pts	<input type="checkbox"/> Credit card bill 10 Pts
<input type="checkbox"/> Others: _____		10 Pts

TOTAL POINTS: _____

REMARKS:

<p>For (BAGOT) COMMUNITY housing applications:</p> <ol style="list-style-type: none"> Applications to be tabled at a council's meeting. Approved applicants will be put inside the Community Need List. An SMS/ letter is to be sent to the applicant once they are entered into the Need List (or when the application is rejected). 	<p>For other housing applications:</p> <ol style="list-style-type: none"> Applicants will be put inside the Affordable Need List as long as: (1) the 100 point of ID is submitted and (2) the applicants do not have bad records/debts with Yilli Housing. An SMS/ letter is to be sent to the applicant once they are entered into the Need List (or when the application is rejected).
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Date Submitted to Council/ CEO : _____
 Application Approved : YES NO
 Priority Approved : YES NO
 Applicant Eligible for (bedroom) : 1 2 3 4 others: _____
 Wait List/ Client ID Number : _____
 Address of Property Assigned : _____

REMARK:

