

Application for Affordable Housing

Please ensure that the following information is attached when you lodge your application for affordable housing.

CHECKLIST:

Proof of Income

All applicants over the age of 18 are required to provide proof of all income sources, for example:

- Applicant or family members who are in receipt of a Centrelink income, please provide an income statement
- Applicant or family members who are salary/wage earners, please provide group certificates for last financial year and payslips for last 6 weeks
- Applicants or family members who are self-employed, please provide profit and loss statements

Proof of Identity

Please provide prime proof of identity for all household members, for example: drivers licence, birth certificates or passports (at least 2 forms required per household member)

Proof of Current Assets and/or Debts

Please provide proof of any assets and/or debts, for example: bank statements, loan repayment statements for last 6 weeks

Current Rent Receipt

Please provide a detailed recent rent receipt if applicable (copy of Rental Tenancy Agreement OR detailed receipt with landlord's full name, address and phone number)

Rent Reference

Personal Reference

Proof of Permanent Residency

For example: Passport/citizenship certificate

Additional Documentation Relating to Program

For example: Eligibility or any supporting documents

OFFICE USE ONLY


Date received:


Applicant No:


Please make sure you sign and date your application and return to:

 SGCH, PO Box 348, Hurstville BC NSW 1481

 You may also lodge your application in person at Level 5, 38 Humphreys Lane, Hurstville

 Fax: (02) 9585 1564

 If you need help filling out your application, please contact us on (02) 9585 1499

 Email: allocations.assessments@sgch.com.au

Application for Affordable Housing

Please ensure that every question is answered clearly and attach as much additional supporting documentation as possible outlining your situation to help us to assess your application fairly.

Please print all answers clearly and circle or tick answers where appropriate. All information received is confidential.

1. DETAILS ABOUT YOU

Surname	
Given names	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Current address	No. Street
<small>Should your address change at any time, please inform us immediately in writing.</small>	Suburb State Postcode
Contact phone	Home
	Work
	Mobile
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency contact	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
<small>(Someone who does not live with you)</small>	Surname Given Names
Address	
Phone number	
Are you a citizen of Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need an interpreter for spoken English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken at home	

2. OTHER PEOPLE WHO WILL LIVE WITH YOU

	Surname	First name	Relationship to you	Date of birth	Gender	Current school/ employer
1						
2						
3						
4						
5						
6						
7						

3. WHAT LOCAL GOVERNMENT AREA ARE YOU APPLYING FOR?

- Bankstown
- Campbelltown
- Canada Bay*
- Other
- Canterbury*
- City of Sydney
- Fairfield
- Marrickville*
- Parramatta (Guildford)
- Randwick*

* If applying for these areas, you must provide proof of your connection to the area in Section 4.

4. CONNECTION WITH AREA

What is your connection with the area in which you are applying for housing?

- Employment
- Family
- None
- Education
- Long term resident
- Other

Please provide details and proof of any connection noted above: *(Attach a separate page if required)*

5. FAMILY INCOME

Attach copies of all income documents for all household members.

Name	Relationship	Wages p. fortnight	Pension / Benefit	Family Tax Benefit
	Self	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Are you:

- Self employed
- Part time employed
- Casually employed
- Full time employed
- Full time student
- Part time student

Other household members:

- Self employed
- Part time employed
- Casually employed
- Full time employed
- Full time student
- Part time student

If yes, please provide the following details:

Employer name and address	Employer phone number	Date employed commenced	Position	Date employment ceased (if applicable)

6. STUDENT DETAILS

Institution	Course name	Course length	Years of study	Hours per week

7. YOUR CURRENT HOUSING CIRCUMSTANCES

What sort of accommodation do you have now?

(Please tick one only)

- Renting a private house or flat
- Temporarily staying with friends or family
- Other

How many bedrooms in your current housing?

- 1
- 2
- 3
- 4
- 5

Please state the total fortnightly rental for this housing

Please state how much of the total rent you pay

(excluding contribution to utilities)

 \$

How many times have you moved house in the last 5 years?

 No.

Why do you want to move from your current housing?

(Please tick all relevant boxes)

- Overcrowding
- Sub-standard
- Travel time to work
- Too expensive
- Eviction
- Distance from family
- Other (specify)

8. ASSETS – PLEASE ATTACH COPIES

Please include in this section the total assets of the household

Does any person included on this application have any of the following:

	Yes	No	Value
Cash/savings	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Property/share in property	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Business/share in business	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
Other assets	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>

9. DEBTS – PLEASE ATTACH COPIES

Please include in this section the total debts of the household

Who I owe	Amount owing in total	Repayment amount per fortnight

How did you hear about SGCH?

Did you know any staff and/or director of SGCH prior to this application? Yes No

If yes, please provide details (i.e. relative, friend)

Relationship	Name	Position

Signature:

Date:

10. PREVIOUS CIRCUMSTANCES

Have you participated in an Affordable Housing program in the past? Yes No

Please provide details if you have answered yes.

Where

When

11. APPLICATION DECLARATION

I declare to the best of knowledge that:

- The information given in this application is true and correct
- I have no objection to SGCH verifying information provided
- I will advise SGCH of any changes in circumstances that may affect my application as soon as possible
- I may be requested to provide further documents to SGCH at any time
- At the end of the tenancy term in Affordable Housing, SGCH is not obliged to house or provide alternative accommodation to me or any other household members
- I understand that the accommodation made available through the Affordable Housing Program is not social housing
- I understand that the Affordable Housing Program is not long term (between 3-5 years) and that my eligibility will be assessed on annual basis

Signature:

Date:
