SOUTHERN CROSS HOUSING

building
real
community
futures

APPLICATION

FOR AFFORDABLE HOUSING

Office use only

Date Received: _____ Applicant No: _____

PLEASE ENSURE THAT THE FOLLOWING INFORMATION IS ATTACHED WHEN YOU LODGE YOUR APPLICATION FOR HOUSING:

CHECKLIST

☐ **PROOF OF INCOME**
*If applicant or family members are in receipt of any Centrelink income, please provide an income statement from Centrelink which shows ALL monies received for a minimum of 12 month period.

*If applicant or family members are salary/wage earners, please provide group certificates for last financial year and all payslips from the end of financial year up to the date you hand your application in.

☐ **PROOF OF IDENTITY**
*Please provide prime proof of identity for all household members, for example: Drivers Licence, Birth Certificates or Passports (at least 2)

☐ **PROOF OF CURRENT ASSETS AND/OR DEBTS**
*Please provide proof of any assets and/or debts, for example: Current bank statements (**MUST** have name on it or stamped & I.D'd by bank), loan repayment statements

☐ **CURRENT RENT RECEIPT**
*Please provide a detailed recent rent receipt if applicable (copy of Rental Tenancy Agreement OR detailed receipt with last landlord's full name, address and telephone number)

☐ **RENT REFERENCE**— From current Real Estate or Landlord you were/are renting from.

☐ **PERSONAL REFERENCE**

If Born Overseas:

☐ **PROOF OF PERMANENT RESIDENCY**
For example: Passport/Citizenship Certificate

If ATSI:

☐ **CONFIRMATION OF ABORIGINALITY**
For example: Letter from Lands Council

Other

☐ **ADDITIONAL DOCUMENTATION RELATING TO PROGRAM**
For example: Eligibility or any supporting documents

Please make sure to sign and date your Application and return it to the SCCH Office in the region offering Affordable Housing. If you need help filling in the Application, please contact your nearest SCCH Branch offering Affordable Housing:

Nowra Office—Head Office	**Ulladulla Office**	**Eurobodalla Office**	**Monaro Office**
69 Kinghorne Street	Eastside Mall	Shop 12, Fenning Place	57-59 Massie Street
Nowra NSW 2541	118-120 Princes Highway	12-18 Orient St	Cooma NSW 2630
Phone: (02) 4421 5145	Ulladulla NSW 2539	Batemans Bay NSW 2536	Phone: (02) 6452 1298
	Phone: (02) 4455 4543	Phone: (02) 4472 7681	

SOUTHERN CROSS HOUSING

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

(ALL INFORMATION RECEIVED IS STRICTLY CONFIDENTIAL)

PLEASE PRINT ALL ANSWERS CLEARLY & CIRCLE/TICK ANSWERS WHERE APPROPRIATE

1. DETAILS ABOUT YOU

Last name or Family name

Given names **Mr Mrs Miss Ms**

Your current address

Should your address change at any time, please inform us immediately in writing

Contact Telephone numbers **Home:** **Mobile:** **Work:**

Date of Birth ☐ **Male** ☐ **Female**

Next of Kin *Next of Kin Ph: ( )*

Next of Kin Address

(Someone who does not live with you)

Are you a citizen of Australia? ☐ **Yes** ☐ **No** Cultural Identity? _____

Are you of Aboriginal or Torres Strait Islander origin? ☐ **Yes** ☐ **No**

Do you have a car? No / Yes-How Many? Can you accept a property with stairs? No / Yes-How Many?

Do you have any medical conditions/ disabilities? No / Yes Please specify

Language Spoken at Home:

Do you have any pets? If yes, what type of pets do you have and how many? What breed of pet is it?

Are you prepared to find alternative homes for pet/s if requested? *(Please be aware that some properties may not allow pets.)* Yes / No

2. WILL THERE BE OTHER PEOPLE LIVING WITH YOU

☐ Yes ☐ No

Write number of people who will be living with you (including an expected baby)

What local Government Area are you applying for?

☐ Shoalhaven ☐ Eurobodalla

3. CONNECTION WITH AREA

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

☐ Employment ☐ Education

☐ Family ☐ Long term resident

☐ None ☐ Other _____

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

4. FAMILY INCOME—PLEASE ATTACH COPIES OF ALL INCOME DOCUMENTS FOR ALL HOUSEHOLD MEMBERS

Name	Relationship	Wages per Fortnight	Pension/ Benefit	Family Tax Benefit
	Self	$	$	$
		$	$	$
		$	$	$
		$	$	$

Are you:

☐ Self employed ☐ Part time employed

☐ Student ☐ Casually employed

☐ Full Time ☐ Part Time

Other Household Members:

☐ Self employed ☐ Part time employed

☐ Student ☐ ☐ Casually employed

☐ Full Time ☐ Part Time

If yes, please provide the following details:

Employer Name/Address	Employer Phone No.	Date Employment Commenced	Position	Date Employment Ceased (if applicable)

5. YOUR CURRENT HOUSING CIRCUMSTANCES

What sort of accommodation do you have now? (PLEASE TICK ONE ONLY)

☐ Renting a private house or flat. Landlord Details:

☐ Temporarily staying with friends or family? If yes, we require details of last rental property (including landlord details).

How many bedrooms in your current housing? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please state **a)** The total fortnightly rental for this housing & also **b)** How much your portion of rent YOU pay per week.

A $ _____

B $ _____

How many times have you moved house in the last five years? **No.** _____

3. Additional Person Information

Last name or Family name

Given names

Mr Mrs Miss Ms

Relationship to you

Date of Birth

☐ Male ☐ Female

Australian Citizenship? Yes / No

Are they of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No

Place of Birth

Are there any medical conditions/ disabilities? No / Yes– Please specify

Can they accept a property with stairs? No / Yes-How Many?

Any additional information for this person

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Any additional information for this person

5. YOUR CURRENT HOUSING CIRCUMSTANCES (CONTINUTED)

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

☐ Other reasons. Please specify: _____

Please attach supporting documentation confirming the above and any other information to support your housing application

6. STUDENT DETAILS

Institution	Course Name	Course length	Years of Study	Hours Per Week

7. ASSETS—PLEASE ATTACH COPIES

Kind of Asset		Value
Cash/Savings	Yes/No	$
Car	Yes/No	$
A share in Property	YesNo	$
A share in a Business	Yes/No	$
Other Assets	Yes/No	$

8. 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

9. SUPPORT FROM SERVICE PROVIDER/S—PLEASE ATTACH COPIES

Do you or any member of your household receive any support from one or more service providers? If yes, please attach all relevant documents to this application.

Signature …….. Date ……...