

APPLICATION FOR COMMUNITY HOUSING WITH CENSW

(If you do not fill in all required information we cannot process your application. Please contact us if you have any questions or require assistance with this form).

Details of Main Applicant

Contact Information:

Given Name:	Family Name:			
Phone No:	Email:			
Address:				
Date of Birth:	Department of Housing T. No:			
Reference No:	Centrelink No:			
Department of Veterans Affairs No:				
Cultural Background (Many Co-op's have culturally s	specific communities):			
Current Housing Information: (Please tick any of the	following which applied to you)			
Renting What is the week rent? AUD:				
Name and Telephone No of your real estate agent / landlord:				
Living with parents, relatives, friends				
Homeless (Includes couch surfing, transitional housing etc)				
Department of Housing /Other Community Housing From:				
Have you rejected previous offer by DOH or community Housing?				
If yes, why?:				
Have you applied for housing with any other Community Housing Provider?				
If yes, which?:				

Please return this to postal address:

Common Equity NSW PO Box Q1323 Sydney NSW 1230

Your housing nee	eds:						
Please tick any o documents.	f the following	g which applied	to your or a	nyone in your h	ousehold a	and supply	the supporting
Medical Cor	ndition:	Physical Disability Mental Health Issue		Visual Impairment Wheelchair User		Hearing Impairment Other (please specify)	
Single Parer	nt						
Unemployed	d						
Other:							
Details of depen	dant applican	ts:					
	Name		Sex	DOB	Relations	hip	Occupancy
Financial informa	ation:						
For each person, (before tax).		le an income sta	tement fron	n Centrelink or	from emplo	oyer statin <u>c</u>	g gross income
, -yy-	Name		Type c	f Income	Gross Income Per Week		

Do you or any person on this application have cash / savings / term deposits over AUD 5,000?

Do you or any person on this application receive any additional income (e.g. casual earnings, shares, assets)?

Please supply and attach proof of additional income or asset.

Attach proof of bank statement please.

Household income:

Yes

Yes

No

No

Do you or any	person o	on this application own a residential or business property or run a business?
Yes	No	Please specify and attach proof of ownership.
General inform Are you relate		one housed by Co-operative? If yes, please provide name and the address.
Please provide	e area or	suburbs you would prefer to live:
Please provide	preferre	ed Co-operative:
How did you h	ear abou	ıt Co-operatives?
Why do you w	ant to be	ecome a member?
Do you have a	ny previc	ous experience with Co-operatives or volunteer work?
What skills do	you hav	e that would contribute to the Co-operative?
Are you prepa	red to ofj	fer significant voluntary time to participate in the management of the Co-op?
What are you	general i	interests and hobbies?

Applicant's declaration: I have understood the instructions given on this application form. I declare that all the information is true and correct to the best of my knowledge. I understand that I am required to give true and correct information. I will inform CENSW of any changes in my circumstances. I consent to be contacted by email. I have read and understand the leaflet "An Introduction to Housing Co-operatives". Printe name: Signature: Date: PERMISSION TO COLLECT INFORMATION: In order to process my application for housing, I, give CENSW permission to contact the Department Of Housing and other services I have referred to in this application to exchange information that relates specifically to my application. I understand that if I do not give permission, my application for housing cannot be processed. I understand that I can withdraw my permission at any time by writing to CENSW. I also understand that I have the right to look at my personal details that CENSW holds about me and to make corrections at any time. Signature of applicant: Date: Signature of additional persons: Each additional person on the application over the age of 16 must provide their written permission for

their personal information to be collected by the main applicant.

I give my permission for my personal information on this form to be collected by the main applicant and the proper use of my personal information by CENSW in order to process this application. Printe name:

Signature:

Date:

Documents attached (for each person on the application):

- 1. Proof of identification (Passport, Birth Certificate, Marriage Certificate, Driver's Licence, Citizen Certificate, Medicare Card etc)
- 2. Proof of income (Income statements stating type of benefit and amount from Centrelink or Department of Veterans Affairs. Proof of wage/salary and additional incomes, profit and loss statement etc)
- 3. Proof of current assets (Records of cash, shares, term deposits, savings bank pass book, bank statements, property owned, market valuation etc)
- 4. Other supporting documentation (Reports from medical specialist and others)