



# AFFORDABLE HOUSING APPLICATION FORM

## Important information for Applicants

To be assessed as eligible for affordable housing, applicants must meet the following criteria:

- Be a citizen or have permanent residency in Australia
- Be a resident in NSW
- Be able to establish their identity
- Be, in general 18 years of age or older
- Be able to live independently
- Meet income limits as determined by the relevant affordable housing program

More information on Affordable Housing is available on our website:  or  
through the Centre for Affordable Housing: 

## Personal Details

Last or Family Name			
Given Name			
Postal Address			
Contact Numbers	Mobile:	Daytime Contact:	
Email			

Office Use Only	Date received:	Application No:	Assessed by :
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# Checklist

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

- Proof of income:-** – Including Wages, Profit and Loss Sheet and Centrelink income;  
for ALL household members, for a minimum 12 month period
- Proof of Identity:-** Including drivers licence, birth certificate or passport  
for ALL household members (one per household member)
- Proof of Current Assets:-** Including cash/savings, shares, a share in a property or  
business, for ALL household members
- Current Rent Receipt:-** Which shows least 6 months record of rental payments,  
if applicable
- Rental Reference:-** If you have a rental reference, please attach
- Personal Reference:-** If you have a personal reference, please attach
- If born overseas:-** Proof of Permanent Residency (e.g passport, citizenship certificate)
- If Aboriginal or Torres Strait Islander:-** Confirmation of Aboriginality
- Other:-** Any additional documentation you think is relevant to your application, including  
medical information or support letters

# Application

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

Please print all answers clearly and in English. Circle or tick answers where appropriate.

Name		
Current Address		
Date of Birth		
Are you a permanent resident of Australia?		
Country of Birth		
Language Spoken at home		
Do you need an Interpreter?	Yes	Language:
Are you of Aboriginal or Torres Strait Islander origin?	Yes	No
Do You have any pets?	Yes	Type:
Are you prepared to find an alternate home for your pet if necessary?	Yes	No

## 2. Details of Household Members

No.	Surname	First Name	Relationship to you	Date of Birth	Gender (M/F)
1.					
2.					
3.					
4.					
5.					
6.					

### 3. Household Income

Please attach copies of all income documents for all household members. Gross household income for the previous 12 months is required to assess eligibility for affordable housing. If you are self-employed, a full profit and loss statement is also required.

No	Name	Wages per fortnight (gross)	Pension/benefit per fortnight
1.			
2.			
3.			
4.			
5.			
6.			

### 4. Household Assets

Do you or any of your household members own or are purchasing a residential or commercial property, or part thereof?

Yes	No
If Yes – Details:	

Do you or any household members receive income from investments/shares/businesses income or other assets?

Yes	No
If Yes – Details:	

*Please attach all relevant details*

### 5. Employment Details

No	Name	Occupation	Length of Employment
1.			
2.			
3.			
4.			
5.			
6.			

## 6. Your preferred area to live

Northmead

Bankstown

If you are interested in applying for properties in more than one area, please number your preferences

## 7. Your connection to the local area

Do you have a connection to your preferred area to live?

Employment

Family

Education

Long – term resident

Other (specify) \_\_\_\_\_

## 8. Your current housing circumstances

I am:

Homeless

In Public Housing

Renting Privately

In Community Housing

In a Caravan Park

Home owner

Staying with family/friends

Other \_\_\_\_\_

I want to move because:

My current housing is unaffordable and I am having trouble paying the rent

My current housing is affecting a medical condition I have

My current housing is too big or small for my family needs

I have been issued a notice to vacate my property

I want to move closer to family or a support service

Other reason \_\_\_\_\_

Applicants for affordable housing must make arrangements to pay any outstanding debts to Housing NSW or another community housing provider.

## 9. Housing Requirements

I have an ongoing medical condition that affects my housing needs

*(If yes, please provide details in relation To applicant or household member)*

Yes	No
If yes, please provide details	

I have a disability that affects my housing needs

*(If yes, please provide details in relation To applicant or household member)*

Yes	No
If yes, please provide details	

I have some specific property requirements (e.g. wheelchair access, bathroom grab rails)

*(If yes, please provide details in relation To applicant or household member)*

Yes	No
If yes, please provide details	

Please provide any further details on your current housing situation or medical conditions that you believe is relevant to your housing situation. For additional space please attach another sheet.

## 10. Applicants Declaration

**I declare that the above information is, to the best of my knowledge, true and correct and I have not given false or misleading information.**

I agree to inform BlueCHP of any changes in my circumstances, including changes in my household's composition or income.

Print Name	Signature
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Date

Is there another person helping you with this form ?                      Yes                      No

Declaration from person assisting or completing this application on behalf of the applicant

- I filled out this form on the basis of the information the applicant gave me
- I understand there are penalties for giving false or misleading information

Full Name

Contact Telephone Number

Date

### Consent of additional persons

Each additional person on the application **aged 16 years** and over, must provide their written permission for their personal information to be collected by the main applicant. They must read the statement below and then sign and date below.

I give my permission for my personal information, as required by this application, to be collected by the main applicant and provided to BlueCHP in order to process this application.

Name	Signature	Date

Your application can be returned by:

**Post** : – PO Box 315X Leumeah NSW 2560    or    **Email**:- [office@bluechp.com.au](mailto:office@bluechp.com.au)

For enquiries please call (02) 4621 8600