Date of Application: _____

TENANCY APPLICATION

LONG TERM ACCOMMODATION FOR OLDER PEOPLE

Accommodation is available to South Australian residents aged 55 and over, or 50 and over for Aboriginal and Torres Strait Islander people, who meet the SA Government's low-income limits for public and community housing. Applicants must not own a home and must be able to live independently.

Before completing this form, please ensure you have the following documents ready to submit:

- A copy of your current Photo ID
- Copies of your last 6 weeks' payslips (if you are currently employed)
- Centrelink Statement (if you are receiving Centrelink)

Please note that submitting an application does not guarantee housing. Waitlists apply upon receipt of your completed application.

APPLICANT INFORMATION

Applicant 1

Full Name: Mr / Mrs / Ms / Miss_____

Date of Birth: _____ Age: _____ years

Aboriginal or Torrens Straight Islander: ☐ Yes ☐ No

Current Address: _____

Contact Number: _____

Email: _____

Are you completing this application form for yourself: ☐ Yes ☐ No

Are you currently residing in a Believe Housing Australia Property: ☐ Yes ☐ No

What Language is spoken at home: _____

Do you need an Interpreter: ☐ Yes ☐ No

Applicant 2

Full Name: Mr / Mrs / Ms / Miss_____

Date of Birth: _____ Age: _____ years

Aboriginal or Torrens Straight Islander: ☐ Yes ☐ No

Believe
Housing Australia

Applicant 2 *continued…*

Current Address: _____

Contact Number: _____

Email: _____

Relationship to Applicant 1: _____

SUPPORT INFORMATION

Emergency Contact

Details of person we can contact (not living with you for emergency contact only)

Name: _____ Contact Number: _____

Relationship to Applicant 1: _____

Address: _____

Email: _____

Support Information

If you have support for your family or an agency or other worker – e.g. Public Trustee, Social Worker, who will help you move please provide their details.

Person / Workers Name: _____

Agency Name: _____ Contact Number: _____

Do you consent to Believe Housing Australia discussing your housing application with them: ☐ Yes ☐ No

OTHER INFORMATION

Employment and Income Information

Are you currently employed or studying: ☐ Working ☐ Studying

Employer Details

Employer Name: _____

Weekly Hours: _____

Education

Course Name: _____

Asset and Income Details

Applicant 1 *(per fortnight)*

Centrelink Pension $ _____

Pension Type: _____

Centrelink CRM #: _____

Employment $ _____

Veteran Affairs Pension $ _____

Overseas Pension $ _____

Other $ _____

Applicant 2 *(per fortnight)*

Centrelink Pension $ _____

Pension Type: _____

Centrelink CRM #: _____

Employment $ _____

Veteran Affairs Pension $ _____

Overseas Pension $ _____

Other $ _____

Total value of combined assets: $ _____

Total amount of bank investments: $ _____

What type of housing do you live in:

☐ Housing SA ☐ Own/Partially own home ☐ Private Rental ☐ Share House

If Other, please specify here: _____

_____

If you own/partially own your home what is the current estimate value: $ _____

Is the property currently for sale: ☐ Yes ☐ No

If renting, how much rent are you paying per week: $ _____

Have any of the applicants applied for accommodation from Housing SA: ☐ None ☐ Yes ☐ No

If yes to the above, what is the category of Application with Housing SA: _____

Are any of the applicants registered on any other housing waiting list: ☐ Yes ☐ No

Pets

Do you have a pet/s: ☐ Yes ☐ No

What type of pet/s do you have: _____

Property Details

Why do you need to leave your current accommodation: _____

_____

_____

Do any of the applicants have a supported disability accommodation Package (SDA): ☐ Yes ☐ No

Does anybody listed on this application have hearing or sight impairment: ☐ Yes ☐ No

Do you need any of the following in your new property:

Handrails: ☐ Toilet ☐ Shower ☐ Entrance/Exit ☐ No Step Shower

☐ Wheelchair access ☐ Wheelchair accessibility within the home ☐ Other

If other, advise what modifications you need: _____

_____

_____

Who in the household needs these requirements: _____

_____

Describe any other requirements that you must have in your next property: _____

_____

_____

_____

Application Area Need

Referencing the Area map provided, advise your preferred Areas: _____

_____

Do you require a second bedroom because of exceptional circumstances: ☐ Yes ☐ No

Two-bedroom units are otherwise offered to couples

Please specify reason: _____

_____

_____

Other Information

Please provide any information that you believe will improve your tenancy or can assist with your application:

ACKNOWLEDGEMENT

I we/acknowledge that:

- The information contained in this application is true and accurate. I understand that any assistance obtained because of incorrect or false information supplied by me may be withdrawn and/or subject to repayment.
- I confirm that all persons named on the form are aware that their personal information is being disclosed to Believe Housing Australia
- I am/we are over the age of 55 years (Aboriginal and Torres Strait Islander people who are over the age of 50)
- Only those persons named on the application will reside permanently at the property
- I/we will pay 2 weeks rent and a bond equal to 4 weeks rent before taking possession of the property
- I/we agree to pay rent by Centrelink or direct deposit.
- I will either deliver to a Believe Housing Australia Office located at either 491–499 South Road Regency *or* Elizabeth Clock Tower, 10 Playford Boulevard, Elizabeth *or* email to enquiry@believehousing.org.au any supporting documentation to support my application

DOCUMENTATION

Please complete the application by submitting the following for all applicants:

- Completed Application Form *(this form)*
- Centrelink income statement, if receiving Centrelink
- DVA statement, if receiving DVA
- Payslips, if receiving an income
- Self-employment income details, if receiving a self-employed income
- Super

SIGNATURE

Applicant 1

Name: _____

Signature: _____

Date: _____

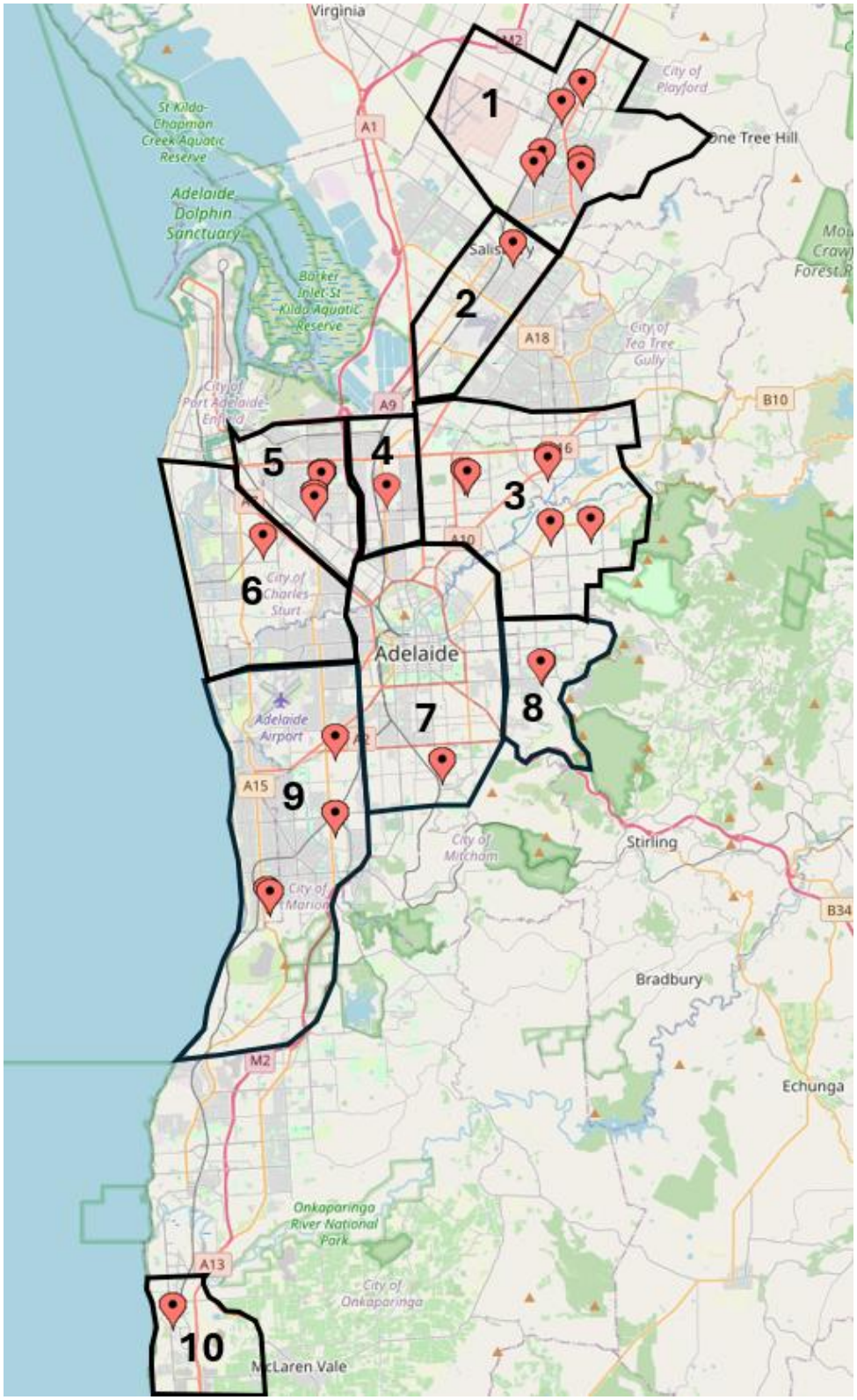
Applicant 2

Name: _____

Signature: _____

Date: _____

Property Area Map



Mapped Area	Property Locations
Area 1 Outer North	Elizabeth North Elizabeth South Elizabeth East
Area 2 North	Salisbury
Area 3 North East	Gilles Plaines Northfield Campbeltown
Area 4 Inner North	Kilburn
Area 5 North West	Mansfield Park Woodville Gardens
Area 6 Inner West	Woodville West
Area 7 City	Kingswood
Area 8 Inner East	Burnside
Area 9 Inner South	Plympton Mitchell Park South Brighton
Area 10 Outer South	Seaford Rise

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