

GANDANGARA **L**OCAL **A**BORIGINAL **L**AND **C**OUNCIL
HOUSING **A**PPPLICATION **F**ORM

Please understand that the information you provide on this form will help GLALC make decisions relating to your application.

The information will be used to make decisions on the following:

- Your eligibility for Gandangara in Community Housing
- The type of housing best suited to you
- The size of the property needed
- The location needed

Explanation of some of the terms used in this form

- **'You'** – means the main applicant (the person who will be signing the tenancy agreement)
- **'Household member'** – means other people who will be living in the property with you
- **'Joint tenant'** – means another person having the same rights and responsibilities as the main applicant.

1. PERMISSION STATEMENT FOR GLALC TO COLLECT, EXCHANGE INFORMATION WITH OTHER PEOPLE OR ORGANISATIONS RELEVANT TO YOUR HOUSING. (Refer to front page.)

- When assessing your application or during any GLALC tenancy, we may need to exchange information relevant to your housing, with support workers, carers, health professionals, or Government Departments, which includes the NSW Department of Housing.
- Without this permission your application cannot be processed.
- You have the right to look at your personal information and to make corrections, in accordance with the NSW Privacy and personal Information Protection Act. 1998.
- When signing this application form you are confirming you understand these statements and give the permission for the action.

NOTE: For your application to be processed, you MUST answer all questions.

1. I understand the instructions given on this application form.
2. I agree that the information provided is correct, to the best of my knowledge.
3. I understand this permission and declaration when signed by myself, or an additional household member, includes all the permission statements set out in Section 1.

Applicant Name

Joint Applicant Name

Applicant Signature

Joint Applicant Signature

Date

Date



2. APPLICANT DETAILS

The information obtained from the following questions will help GLALC to access your housing needs. If your household is more than 4 people, **PLEASE ASK FOR AN ADDITIONAL SHEET.**

Question	Main Applicant (You)	Additional Household Member	Additional Household Member	Additional Household Member
Given Name				
Family Name				
Date of Birth				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Joint Tenant	(Will this person sign the lease with you?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person's relationship	(To YOU , partner, daughter, son etc)			
Of Aboriginal descent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of Torres Strait Islander descent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address of the Main Applicant:	e-mail:
Number and name of Street:: _____	
Suburb: _____	Post Code: _____

Contact phone numbers of the Main Applicant	
Day:	Night:
Mobile:	
Contact Person Information	
Name:	Phone Number:

3. APPLICANTS HOUSING CIRCUMSTANCES

This information will help GLALC to offer the most appropriate service to you and the additional household members, both while on our waiting list and when housing is offered.

WHO ARE YOU CURRENTLY HOUSED BY?		
DOH <input type="checkbox"/>	Aboriginal Community Housing Provider <input type="checkbox"/>	Private Landlord <input type="checkbox"/>
Mainstream Community Housing Provider <input type="checkbox"/>	Other (i.e. boarding, homeless, living at home etc...) <input type="checkbox"/>	

Name of Landlord/Housing Provider:	.....
Number of persons at your address:	.....
Number of bedrooms at your current address:	.....
Primary tenant who appears on the residential tenancy agreement:	.....
What is weekly / fortnightly rent do you pay at your current address:	\$......

	NOTE: A current rent receipt must be provided with this application
Are you currently purchasing any other housing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you currently own any other housing/property?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please provide details:
ADDITIONAL OR SPECIAL HOUSING DESIGN NEEDS	
Do you require housing in a particular location?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes, please name three suburbs (in the GLALC area)(first being most required to third being least required)?

- 1.....
2.....
3.....

Please state why you require a particular location?

.....
.....
.....
.....
.....

Please indicate below of any additional housing design needs including the name(s) of the family member:

<input type="checkbox"/>	Ramp required (wheelchair or walking frame):	.....
<input type="checkbox"/>	Special taps (i.e. person with arthritis):	.....
<input type="checkbox"/>	Dialysis machine:	.....
<input type="checkbox"/>	Inability to use standards bath or toilet:	.....
<input type="checkbox"/>	Inability to climb stairs:	.....
<input type="checkbox"/>	Other, please specify	.....
<input type="checkbox"/>	

FAMILY EMPLOYMENT

Name	Date of Birth	Income Type (Wages, family allowance, Centrelink, child support, etc...)	Gross Weekly / Fortnightly amount	Relationship
...../...../.....
...../...../.....
...../...../.....
...../...../.....

FAMILY EMPLOYMENT

Name	Date of Birth	Income Type (Wages, family allowance, Centrelink, child support, etc...)	Gross Weekly / Fortnightly amount	Relationship
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....
...../...../.....

HAVE YOU PROVIDED SUPPORTING DOCUMENTATION TO ALL THE ABOVE? YES NO

APPLICANT CHECKLIST

Before submitting these application please ensure that the form has been completed correctly and that all documents are attached. Below is a checklist that may assist you.

YES <input type="checkbox"/> NO <input type="checkbox"/>	All questions answered
YES <input type="checkbox"/> NO <input type="checkbox"/>	Income statement(s) group certificate(s) of all persons on application attached
YES <input type="checkbox"/> NO <input type="checkbox"/>	Any other supporting documentation attached
YES <input type="checkbox"/> NO <input type="checkbox"/>	Any other supporting documentation attached
YES <input type="checkbox"/> NO <input type="checkbox"/>	Application signed by all persons and parents / guardians on application

NOTE: To update you address you MUST complete a change of membership roll details form, which is available at GLALC upon request.

4. TRANSPORT AND PETS

(a) Do you or any members of our household have a motor vehicle?

Yes No

(b) Would you accept housing that does not allow pets?

Yes No

5. CONFLICT OF INTEREST

Do you or any members of our household have a connection with a staff or Board member of GLALC?

Yes No

If YES, state the person's name and the relationship

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GANDANGARA LOCAL ABORIGINAL LAND COUNCIL

EXTRA SHEET TO BE USED FOR ADDITIONAL HOUSEHOLD MEMBERS WHERE INSUFFICIENT SPACE IS PROVIDED ON THE APPLICATION FORM.

Please be advised:

This page is to be used to provide the information of additional household members when completed and attached to the application form. It will become part of the original application for housing. All additional household members receive the same eligibility status as the main applicant.

Question	Additional Household Member	Additional Household Member	Additional Household Member
Given Name			
Family Name			
Date of Birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Joint Tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to main applicant			
Country of Birth			
Of Aboriginal descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Of Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

By completing the boxes below, I understand I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my person information by GLALC, to which my application will be submitted, in order to process this application.

Signature and information	Additional Member	Additional Member	Additional Member
Name:.....			
Signature:.....			
Date:.....			

Once you have completed this form please return it to:

**Gandangara Local Aboriginal Land Council
PO Box 1038
LIVERPOOL BC 1871**

Office use only: Application Number _____ No. of bedrooms approved <input type="checkbox"/> Date Application received _____ L.G.A. _____ Date Application processed and Applicant advised of application information _____ Special Needs Yes <input type="checkbox"/> No <input type="checkbox"/> Nominated Support Agency _____ GLALC worker signature _____
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