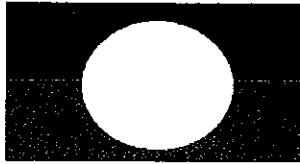


# Dubbo Koorie Housing Aboriginal Corporation



## Aboriginal & Torres Strait Islander Corporation for Housing

### TENANCY APPLICATION FORM

#### Applicant/s details

Surname: \_\_\_\_\_

Given Name/s \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender:  Male  Female

Applicant/Occupants Full Name	Relationship to Applicant	Date of Birth	Gender M / F	Age/s	Income Source

1. How many of the group identify as Aboriginal origin?  
Please write the number of people in each category  
(Do not tick the spaces)

	Male	Female
Not Aboriginal	_____	_____
Aboriginal	_____	_____
Don't know	_____	_____

In accordance with section 2.1.1 my connections with the area include family/support:

Surname: \_\_\_\_\_

Given Name/s \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female

2. Are all applicant/s listed on the application currently living with you?

Yes  No If 'no' who else will be living with you?

Name/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current Housing situation: *(Please tick)*

Living in a makeshift residence – Tent, car, park, shed etc.

Currently in a refuge or emergency accommodation

Wanting to move from an institution, including – Hospital

Wanting to move from a Caravan, Hostel or Boarding House

Sharing with Family/Friends

Other: *(Please specify)* \_\_\_\_\_

4. Weekly Rent/Cost: \$ \_\_\_\_\_

5. Type of Income: *(Please tick)*

Wage/Salary  Single Parent Payment/Sole Parent

Partner Allowance  Aged Pension

Abstudy/Newstart

Other: *(Please specify)* \_\_\_\_\_

6. Please provide details of your gross income fortnightly?

Relationship to Applicant	Gross income per fortnight \$
Applicant	\$
	\$
	\$
	\$
	\$

7. How many bedrooms do you require? (Please circle)

1                      2                      3                      4                      5                      6 or more

8. Do you or any other person to be housed with you have any special accommodation need because of a disability or health problems?

Yes    If 'yes' please provide details     No

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9. Housing History

Please provide your rental housing history for the last 3 years (include addresses and reason/s why you left?)

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I/We give permission to DKHAC to share information with a limited range of service providers with whom it is essential to share information in order to progress the application. Information will only be shared as necessary to progress the application for housing

1<sup>st</sup> Applicant/s signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

2<sup>nd</sup> Applicant/s signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Schedule 1—Application for membership form**

**DUBBO KOORIE HOUSING ABORIGINAL CORPORATION**

**APPLICATION FOR MEMBERSHIP**

I, \_\_\_\_\_  
*(first name of applicant)* *(last name of applicant)*

of \_\_\_\_\_  
*(address of applicant)*

\_\_\_\_\_  
*(Date of birth)* *(phone number)* *(email address)*

Hereby apply for membership of the Dubbo Koorie Housing Aboriginal Corporation.

I declare that I am eligible for membership under Rule 3.2 and am willing to be bound by the rules of the corporation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Office use only**

Application tabled at directors' meeting held	Date:
Directors confirmed applicant is eligible for membership	Yes / No
Entered on register of members	Date:

.....  
 Chairperson's signature