



22 Barambah Avenue
Cherbourg Qld 4605

OFFICE USE ONLY

NAME: _____

Application Received: ____/____/____

Assessment Date: ____/____/____

Undertaken by: _____

Priority rating: _____

Arrears Register Checked: _____

Application Number: _____

Application Register Entered: _____

Home Allocated: _____

Date Housed: _____

APPLICATION FOR RENTAL ACCOMMODATION

HOW TO APPLY

- ANSWER ALL QUESTIONS AND TICK APPROPRIATE BOXES ON THE FORM
- OBTAIN ALL REQUIRED SUPPORTING INFORMATION
- THEN RETURN THE FORM TO THIS OFFICE AT THE ABOVE ADDRESS

NOTE

It is the applicant's responsibility to advise the Council immediately of any change in circumstances (eg; a new address, increase/reduction in persons requiring accommodation, income etc.)

Failure to do so could result in your name being removed from the waiting list.

B. Mr/Mrs/Miss/Ms _____
SURNAME CHRISTIAN NAMES

_____ Postcode: _____ How long have you resided there? _____

E. CONTACT (Give telephone numbers where you can be contacted or messages left:)

Work: (____) _____ Home: (____) _____ Mobile: _____

Period of employment: _____ Year _____ Months _____

If YES: - YES ☐ NO ☐

1. Tenancy was in name of: _____
2. Address was: _____
3. Date vacated: _____
4. Reason for vacating: _____
5. Have you any rental in arrears? _____

[illegible]

I. DO ALL OF THESE PERSONS RESIDE WITH YOU NOW? YES ☐ NO ☐

If NO, state reason: _____

J. LOCATION PREFERRED: (1) _____

(2) _____

(3) _____

K. SPECIAL NEEDS: List special housing requirements for any proposed occupant who has a disability or medical condition which may affect the type of housing or location of accommodation. (Written evidence from a recognised authority may be required)

L. PRESENT ACCOMMODATION Describe accommodation:

Rented House/Flat ☐ Shared Accommodation ☐ Rented Caravan ☐

Own Caravan ☐ Other (brief description)

M. NAME AND ADDRESS OF LANDLORD: _____

N. CURRENT RENTAL: Rate \$_____:____ per week Paid to date: ____/____/____

O. NUMBER OF BEDROOMS: _____

P. NUMBER OF OCCUPANTS: Adults MALE ☐ Children MALE ☐

FEMALE ☐ FEMALE ☐

Q. REASON FOR VATING CURRENT PREMISES: _____

R. HAVE YOUR OR ANY PROPOSED OCCUPANTS EVER BEEN A TENANT OF SOCIAL HOUSING OR PUBLIC HOUSING? YES ☐ NO ☐

If yes what agency: _____

Please provide a rent reference from that agency: _____

Address was: _____

Date vacated: ____/____/____

Reason for vacating: _____

Have you any rental in arrears? _____

S. OTHER INFORMATION

Any further information which you feel would be relevant to this application

DECLARATION (Must be signed by proposed tenants/s)

I certify that the information contained in the application is true and correct and understand completion of this application form is no guarantee of accommodation being provided and in no way obligates the Cherbourg Aboriginal Shire Council to provide accommodation.

SIGNED: _____

Applicant/s

DATE: ____/____/____

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