



**METROPOLITAN LOCAL ABORIGINAL LAND COUNCIL**  
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**OFFICE USE:**  
 Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Received by: \_\_\_\_\_  
 Copy provided to applicant: Y / N  
 Applicants Initial: \_\_\_\_\_

## HOUSING APPLICATION FORM

### Applicants Details

Full Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Contact Number: (H) (\_\_\_\_) \_\_\_\_\_ (M) \_\_\_\_\_

### Applicants Housing Circumstances

Who are you currently housed by? (please tick & complete the provider name below)

- DOH     
  Aboriginal Community Housing Provider     
  Private Landlord  
 Mainstream Community Housing Provider     
  Other e.g. boarding, homeless, living at home, etc.

Name of Landlord/Housing Provider: \_\_\_\_\_

Number of persons at your current address: \_\_\_\_\_

Number of bedrooms at your current address: \_\_\_\_\_

Primary tenant who appears on the residential tenancy agreement: \_\_\_\_\_

What is the relationship of this person to you: \_\_\_\_\_

What weekly rent do you pay at your current house: \$\_\_\_\_\_

**NOTE:** A current rent receipt must be provided to the application

Are you currently purchasing any other housing?       Yes       No

Do you currently own any other housing?       Yes       No

### Additional or Special Housing Design Needs

Do you require housing in a particular location?       Yes       No

If yes, please name three suburbs (first being most required to third being least required)

1.       2.       3.

Please state why you require a particular location? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

- Ramp required (wheelchair or walking frame): .....
- Special taps (i.e. person with arthritis): .....
- Dialysis machine: .....
- Inability to use standard bath or toilet: .....
- Inability to climb stairs: .....
- Other, please specify: .....

**Family Employment**

➤ You must include all persons to be housed and provide supporting documentation:

Name	Date of Birth	Income Type (Wages, Family Allowance, Centrelink, Child Support, etc.)	Gross Weekly Amount	Relationship
	/ /		\$	Applicant
	/ /		\$	
	/ /		\$	
	/ /		\$	
	/ /		\$	
	/ /		\$	
	/ /		\$	

Have you provided documentation?  Yes  No Number of pages .....

**Applicants Checklist**

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

- All questions answered,
- Income statement(s)/group certificate(s) of all persons on application are attached,
- Any other supporting documentation are attached,
- 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 provided by MLALC upon request.

**Declaration**

To the best of my knowledge and belief, I certify that the information on this form and the attached documents are true and correct

**In signing this form, I consent to the information in this application being provided to the Aboriginal Housing Office (AHO). I also consent the Metropolitan Local Aboriginal Land Council releasing my information to the New South Wales Aboriginal Housing Office. The release of such information would normally breach section 18 and 19 of the *Privacy and Personal Information Protection Act 1998*. I give authority and grant permission without breaching sections 10, 18 and 19 of the *Privacy and Personal Information Protection Act 1998*. I further agree to provide additional information to AHO, as necessary to confirm my eligibility under the Housing Aboriginal Communities Program.**

Applicants Name: .....(please print)

Applicants Signature: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Other Adult Members of the Applicants family**

NOTE: The signature of each adult referred to in the application, also the parent/guardian of each person under 16 referred to in the application is required.

----- Print Name	----- Signature	----- Date
----- Print Name	----- Signature	----- Date
----- Print Name	----- Signature	----- Date
----- Print Name	----- Signature	----- Date
----- Print Name	----- Signature	----- Date

**Parental/Guardian Consent**

As a parent/guardian, I consent to information about

-----  
(insert child/ren's name[s])

being provided to the AHO. I also consent to the releasing of information to the Metropolitan Local Aboriginal Land Council and the New South Wales Aboriginal Housing Office. The release of such information would normally breach section 18 and 19 of the *Privacy and Personal Information Protection Act 1998*. I give authority and grant permission without breaching sections 10, 18 and 19 of the *Privacy and Personal Information Protection Act 1998*. I further agree to provide additional information, to AHO, as necessary to confirm my eligibility under the Housing Aboriginal Communities Program.

----- Print Name	----- Signature	----- Date
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**As a requirement under the Privacy and Personal Information Protection Act 1998, Aboriginal Community Housing Providers are required to obtain the applicant's consent in providing details of their application to the Aboriginal Housing Office (AHO). The AHO as the funding agency will need this information to determine the applicant's eligibility under the program.**



## Metro LALC Internal Use Only

### Checklist

- All questions answered satisfactorily
- Application signed

Provided documentation for the adult members of the family to be housed, as follows:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Income statement     | <input type="checkbox"/> Group Certificate   | <input type="checkbox"/> Support Letters         | <input type="checkbox"/> Rent Receipts |
| <input type="checkbox"/> Medical Certificates | <input type="checkbox"/> Centrelink Payments | <input type="checkbox"/> Child Support Statement | <input type="checkbox"/> Pay Slips     |
| <input type="checkbox"/> Employment Letter    | <input type="checkbox"/> Other .....         |  |  |

Is the applicant...  Active  Inactive

### Composed Information

Preferred Location (and/or additional needs): .....

Number of bedrooms required: .....

Date Applicant originally applied to be placed on the ACHP's Registrar of Applicants: ...../...../.....

Is the weekly income within the AHO household income limits specified in the Guidelines?

Yes  No AHO Resolution Number: .....

### Assessor Information

Comments: .....

Name: ..... Position: .....

Signature: ..... Date: .....