

Application for Pensioner Housing

How to apply:

You can bring or mail this application form into the Barcaldine Administration Office of the Barcaldine Regional Council after you:-

- ☐ Read all the questions carefully
- ☐ Complete the application in full
- ☐ Use block letters (for example: JANE SMITH)
- ☐ Where there are Yes/No boxes, tick the appropriate one (for example ☒)
- ☐ Attach any supporting documentation if required
- ☐ Sign the declaration
- ☐ Bring in any necessary identification with this application form or have necessary identification sighted by a witness if you are mailing this application form.
- ☐ Have this application form sighted by an appropriate witness

Important

Lodgement of this application should not be seen as a guarantee that the Barcaldine Regional Council will be able to assist you.

OFFICE USE ONLY

Date Application Received:

Receiving Officer:

Date Processed:

Eligibility Status:

Application Status: ☐ Waiting List ☐ Archive ☐ Current Tenant

File Number:

Household Member Details

Please provide details of all people to be housed. Please include all adults including details of income where applicable.

| Household member | 1 | 2 | 3 |
|---|-----------|---|---|
| Surname | | | |
| Title – Mr/Mrs/Ms/Miss | | | |
| Given Names 1st | | | |
| 2nd | | | |
| Date of Birth | | | |
| Male/Female | | | |
| Relationship to Applicant | Applicant | | |
| Wages \$/Fortnight | | | |
| Pension/Benefit/allowance/Family Payment \$/Fortnight | | | |
| Other: Interest, Maintenance, Superannuation etc. \$/Fortnight | | | |
| Type of Pension/Benefit/Allowance (eg. Newstart, Veteran's affairs, Aged etc.) | | | |
| Centrelink's Customer Reference Number (CRN) or DVA Number | | | |
| Are you of (Please tick one or more of the following options) | | | |
| • Aboriginal descent | | | |
| • Torres Strait Islander | | | |
| • Australian South Sea Islander descent | | | |
| • None of the above | | | |

Please provide details on a separate page if there is not enough space.

1

What is your current address?

Home Phone Work

Phone

You must advise the Barcaldine Regional Council of any change to this address or your application may be cancelled.

2

Next of Kin Information – Relationship to Applicant: _____

Person

Address

Contact Number

3

Do you or any proposed household member have any difficulties with living in your current housing due to: *(Please tick applicable boxes)*

☐

Medical Condition

☐

Requiring special medical equipment and/or having support needs (eg. Full time carer)

☐

Disability

☐

Difficulty with normal household activities (eg. Climbing stairs, accessing standard bathroom, toilet or kitchen facilities)

4

Are you or any person to be housed with you, a current owner/part owner of any residential property, caravan, mobile or transportable home?

☐

Yes

☐

No

If 'yes', name of person

Type of property owned

Address of property

5

Is everybody listed in this application currently living with you?

☐ Yes ☐ No

If 'no' please list the name of each person and why

6

Where do you want to live? Please tick the option you wish to be considered for.

☐ 1 Bedroom Senior Housing

You must be willing to live in accommodation that first becomes available in any of the waiting list choices you wish to make. If you only want to live in accommodation from one waiting list, then only choose that one.

7

Do you rely on:

Public transport ☐ Yes ☐ No

Own Vehicle ☐ Yes ☐ No

Other ☐ Yes ☐ No

If 'yes' please specify

8

Please provide the details of your current living arrangement.

Private renting ☐ Public renting ☐

Living in a caravan you rent ☐ Living with family and friends ☐

Living in a refuge or other emergency accommodation ☐

Hospitalised or other institution ☐ Sharing House/Flat ☐

Living in a boarding house/hostel/hotel/motel ☐

Other ☐ (please specify)

If you have a current fixed-term residential tenancy agreement (lease), when does it expire?

9

This section must be completed, signed and witnessed
I understand

- the instructions given on this form
- that any waiting times given to me are a guide only on the length of time that I may wait and may change at any time.
- I may become ineligible for public housing if changes occur to any of my, or members of my household's circumstances and or incomes detailed in this application.
- I offer at least one each from the Primary and Secondary list of items as indicated as proof of my identity (one must show a Queensland address, applicants signature and date of birth):

PRIMARY

☐ **Full Birth Certificate or Extract Birth Certificate**

☐ **Passport**

☐ **Drivers licence with photograph**

☐ **18 plus card with photograph**

☐ **Queensland Shooters Licence with photograph**

☐ **Immigration papers or other documents issued by the Commonwealth Department of Immigration, Multicultural & Indigenous Affairs.**

☐ **Naturalisation or Citizenship Certificate**

SECONDARY

☐ **Bank, Credit card or ATM Card with Signature**

☐ **Recent bank statements, bank book, Credit Union or Building society statement showing recent transactions**

☐ **Apprenticeship Indenture Papers**

☐ **Student Card with Photograph**

☐ **Other recognized photographic ID. (eg. Security identification, Cash converters Card)**

☐ **Life Insurance Policies**

☐ **Original Australian marriage Certificate or Divorce papers**

☐ **Occupational Registration Certificate**

☐ **Taxation Assessment Notice**

☐ **Pensioner Health Benefit card or Centrelink's Customer reference Number (CRN) on their official document or correspondence**

DECLARATION

To the best of my knowledge, the information provided on and in conjunction with this form is true and correct. I understand false and misleading information that may influence decisions about my eligibility for housing services and may make my application invalid.

| | | | |
|----------------------------------|----------------------|----------------------|---|
| Signed by the applicant/s | <input type="text"/> | <input type="text"/> | Date <input type="text" value="/"/> |
|----------------------------------|----------------------|----------------------|---|

| | | |
|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | Date <input type="text" value="/"/> |
|----------------------|----------------------|---|

**Witness
Position**

Signed

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Witness must be a Justice of the Peace/Commissioner for Declaration/Solicitor or an officer of the Barcaldine Regional Council. Witnesses must also sight two of the identification items for each applicant.

DECLARATION FOR PEOPLE COMPLETING THIS FORM ON BEHALF OF THE APPLICANT

This form has been filled out with the information the applicant supplied me. I drew the applicants attention to the above clauses, which they seem to understand.

| | | |
|----------------------|----------------------|--------------------------------|
| Name | Signed | Date |
| <input type="text"/> | <input type="text"/> | <input type="text" value="/"/> |

| | | |
|----------------------|----------------------|--------------------------------|
| Name | Signed | Date |
| <input type="text"/> | <input type="text"/> | <input type="text" value="/"/> |