

# COUNCIL HOUSING APPLICATION FORM

Note: Failure to complete all questions will delay processing your application.	
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1. TOWN APPLIED FOR:				
When do you require the accommodation?				
2. APPLICANT'S DETAILS:				
Family Name: First Name(s):				
Preferred Title: Mr				
Present Address:				
Email Address:				
Home Telephone No: ( ) Work Telephone No: ( )				
Mobile No: ()				
Company to be employed at:				
Position:				
Other (Please Specify):				
Employment Status: Permanent Temporary Casual				
Serial number: (e.g. 8765432) Date of Birth: / /				
Driver's Licence No: State/Territory licence issued:				
Motor Vehicle Motor Vehicle (Make/   Registration No: Model/ Year):				

### **3. PARTNER AND/OR DEPENDANTS WHO ARE MAINTAINED AND WILL LIVE PERMANENTLY WITH YOU:**

Surname	Other Names	Date Of Birth	Relationship	Occupation (if applicable)

## 4. CONTACT DETAILS:

<u>Note:</u> If you will not be at the address you have provided on page 1, please indicate the address(es) and telephone number(s) where you can be contacted with an offer of housing. If the Authority is unable to contact you, an offer of accommodation will be given to the next suitable applicant.

Contact Address:		Tel	lephone No: (include area code)
		(	)
		(	)
		(	)
Next of Kin (not living with you):			
Relationship to you:		Telepho	one No: ( )
Address:			
5. TYPE OF ACCOMMODATIO	N REQUIRED:		
<b>Note:</b> The Authority will assess y Policy. Please contact the Counc			the Housing Eligibility and Allocation
Indicate PREFERRED accommo	dation <i>(you may</i>	tick more than one box	):
One bedroom House		One bedroom Flat	t 🗌
Two-bedroom House		Two-bedroom Fla	t 🗌
Three-bedroom House			
Other Requirements: (Please Spe	ecify):		
6. DO YOU PRESENTLY LIVE	WITHIN 50 KMS	OF THE LOCALITY	( APPLIED FOR?
Yes 🗌 No 🗌 If No, proce	ed to Question	7	
If Yes, do you: Rent	Own 🗌	Other 🗌 (Spe	ecify )
Why are you seeking to move fro	m your present	residence?	
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#### 7. HAVE YOU PREVIOUSLY LIVED IN AN ACCOMMODATION PROVIDED BY THE COUNCIL?

<u>Note:</u> Applicants that have an outstanding debt to the Council or have fore caused wilful damage are ineligible for Council's accommodation until the debt is paid.

No

If Yes, please state the address(es) of the residence(s) and approximate date(s) vacated

If No, proceed to Question 8

Previous Housing Address (es) provided by the Council :

Approximate	
Date Vacated:	

Dato Vacatoa.

## 8. DO YOU WISH TO KEEP PET(S) AND/ OR ANIMALS ON THE AUTHORITY PROPERTY?

**<u>Note:</u>** Pets and animals are <u>not</u> permitted inside the residence. Further information on this issue can be obtained by contacting the Authority.

Y	es o	If Yes, list the number and types of pet(s) and/or animals

## 9. DECLARATION / UNDERTAKING:

- (a) I declare that the information in this application is true and correct. I understand that any false statement or material non-disclosure may result in the termination of any residential tenancy agreement I enter into with the Authority.
- (b) I undertake to notify the Barcoo Shire Council in writing of any details that change materially prior to my being allocated accommodation.

Applicant's Name:	
Applicant's Signature:	
Date:	

FORWARD TO:	Chief Executive Officer
	Barcoo Shire Council
	PO Box 14
	JUNDAH QLD 4736
OR FACSIMILE:	(07) 46586137

If you require further information, please contact the Barcoo Shire Council on:

**TELEPHONE:** (07) 4658 6900

EMAIL: <u>shire@barcoo.qld.gov.au</u>

The Authority will acknowledge this application within 14 working days of receipt.

OFFICE USE ONLY:	DATE	OFFICER
Received, processed/ acknowledged:		

The personal information provided in this application form will be held in accordance with the Privacy and Personal Information Protection Act 1998. It may be disclosed to external organisations or individuals in instances where action relating to recovery of a debt owed to the Barcoo Shire Council is necessary. You are entitled to access and correct your personal information.