



### **Office use only**

Applicants Name: \_\_\_\_\_

- Current member
- Supporting docs attached

Date Application rcvd: \_\_\_\_\_

- Form complete
- More information required
- Waiting list updated

## **HOUSING APPLICATION**

Please read the following eligibility criteria and rules about applying for our Housing Program before you complete/sign this form

### **Eligibility for Girudala Housing Program**

- You must have been residing in Bowen/Proserpine/Collinsville for the past 6 months—proof required via bank statements, utility bills, Centrelink statements etc
- You must be a current financial member of Girudala Community Cooperative Society Ltd
- Your application form must be completed in full and signed and dated
- You must provide any supporting documentation as requested
- Failure to meet any of these requirements will mean you will not be considered for our Housing Program until you do.

### **Once you are on the wait list**

- You must notify us immediately if your address or phone number change—if we can't contact you we can't offer you a property if it becomes available
- Your position on the wait list will be advanced based on points—you will be allocated points for attending General Meetings and Girudala programs
- You must remain a current financial member of Girudala—membership fees are \$2.20 payable at the end of each financial year.

### **Once you have been offered a property**

- You will be required to provide two rental references before you can accept the property offer



<b>Current Address</b>		<b>Postcode</b>	
<b>Contact Number</b>		<b>Email</b>	
If you have lived at your current address for less than 6 months, provide your previous address details below			
<b>Previous Address</b>		<b>Postcode</b>	
<b>Relationship Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Widow/Widower		
<b>Have you been known by any other names?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What was your previous name?</b>	
<b>Is everyone listed on your application currently living with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, provide details below	
<b>Are you a current member of Girudala?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever been a member of Girudala?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provide details of an organisation/friend/relative (who does not live with you) that you are in contact with below</b>			
<b>Name of Person/Organisation</b>			
<b>Contact Number</b>		<b>Email</b>	
<b>Do you have any special housing needs ie ramps, medicalarm etc?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details below	
<b>Would you like more information or support from any other Girudala programs? (tick below)</b> see Girudala brochure for program descriptions			
<input type="checkbox"/> CHSP	<input type="checkbox"/> SEXUAL HEALTH AWARENESS	<input type="checkbox"/> SPORT AND RECREATION	<input type="checkbox"/> ATODS
<input type="checkbox"/> YOUTH HEALTH	<input type="checkbox"/> NUTRITION PROMOTION	<input type="checkbox"/> INDIGENOUS FAMILY WELLBEING PROGRAM	
<b>Are you experiencing any of the following situations for which you would like assistance with?</b>			
<input type="checkbox"/> FINANCIAL HARDSHIP	<input type="checkbox"/> CHILD SAFETY ORDER	<input type="checkbox"/> DOMESTIC VIOLENCE	
<input type="checkbox"/> OTHER	_____		

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

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