

APPLICANT EXPRESSION OF INTEREST



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City West Housing Pty Ltd | ABN 47 065 314 758

If you wish to register your interest for our Affordable Housing Rental Program, please complete this form and return it to us, along with copies of the supporting documentation (*point 9*) for each occupant over the age of 18. You may return this form via post or by email to applications@citywesthousing.com.au.

Please ensure the accuracy of all information supplied on this form. Any incorrect or misleading information may result in ineligibility.

1. ELIGIBILITY CRITERIA

PLEASE TICK ALL CORRECT STATEMENTS BELOW:

- I AM LIVING OR WORKING IN CITY OF SYDNEY, LOCAL GOVERNMENT AREA
- MY TOTAL HOUSEHOLD INCOME IS BELOW \$115,700
- I AM A PERMANENT RESIDENT OF AUSTRALIA
- I DO NOT OWN ANY PROPERTY, ASSETS OR SAVINGS THAT COULD SOLVE MY HOUSING NEEDS
- I DO NOT HAVE ANY CONNECTION TO ANY CITY WEST HOUSING BOARD MEMBER, DIRECTOR OR STAFF

Please note: If any of the above statements are not true, your application will be ineligible.

2. PERSONAL DETAILS – Main Tenant

TITLE:	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	<input type="checkbox"/> MS
MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DE FACTO	<input type="checkbox"/> WIDOWED
FIRST NAME:			MIDDLE NAME:	
SURNAME:				
ADDRESS:				
CONTACT NO:	HOME:	WORK:		
	MOB:			
EMAIL:				
WORK EMAIL:				
DATE OF BIRTH:			GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
COUNTRY OF BIRTH:			NATIONALITY:	
DO YOU REQUIRE AN INTERPRETER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
LANGUAGE SPOKEN AT HOME:				

3. CURRENT HOUSING SITUATION

- PRIVATE RENTAL
 LIVING WITH FAMILY / FRIENDS
 REFUGE/HOSTEL
 COMMUNITY HOUSING
 PUBLIC HOUSING
 HOMELESS
 SHARE HOUSE
 OTHER:

RENT YOU PAY: \$ _____ WEEKLY FORTNIGHTLY MONTHLY

LENGTH AT THIS ADDRESS: _____

ARE YOU CURRENTLY, OR HAVE YOU PREVIOUSLY BEEN LISTED ON THE TICA REGISTER? YES NO

4. EMPLOYMENT DETAILS (MAIN TENANT)

Please list all employment regarding the main tenant only. If you require more space, please use the back of this form.

TYPE OF EMPLOYMENT: FULL TIME PART TIME SHIFT WORK CASUAL SELF-EMPLOYED

NAME OF EMPLOYER: _____

GROSS ANNUAL INCOME: _____

EMPLOYER ADDRESS: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

IF YOU ARE SELF-EMPLOYED, PLEASE PROVIDE YOUR ABN: _____

DO YOU RECEIVE INCOME FROM ANY OTHER EMPLOYMENT? YES NO

If you do receive income from any other employment, please provide details below.

TYPE OF EMPLOYMENT: FULL TIME PART TIME SHIFT WORK CASUAL SELF-EMPLOYED

NAME OF EMPLOYER: _____

GROSS ANNUAL INCOME: _____

EMPLOYER ADDRESS: _____

POSITION HELD: _____

LENGTH OF EMPLOYMENT: _____

5. HOUSEHOLD OCCUPANTS

NAME	DATE OF BIRTH	GENDER	RELATIONSHIP

Please note: Any occupants over 18 will need to complete an additional person's form at the point of formal application.

6. FINANCIAL INFORMATION (ALL OCCUPANTS)

PLEASE PROVIDE INFORMATION ON YOUR HOUSEHOLD'S GROSS WEEKLY INCOME, INCLUDING ALL OCCUPANTS OVER 18. Include wages, centrelink benefits, pensions, maintenance payments and shares/investments.

NAME OF HOUSEHOLD MEMBER	TYPE OF INCOME	GROSS \$ PER WEEK

Please note: You will need to provide evidence of all income at the point of formal application. If your household income changes while you are on the housing register, you are required to notify City West Housing within 30 days.

PLEASE TICK YES OR NO TO THE FOLLOWING QUESTIONS:

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	DO ANY HOUSEHOLD MEMBERS OWN / PART OWN ANY PROPERTIES IN AUSTRALIA OR OVERSEAS?
<input type="checkbox"/>	<input type="checkbox"/>	DO ANY HOUSEHOLD MEMBERS RECEIVE INCOME FROM INVESTMENTS?
<input type="checkbox"/>	<input type="checkbox"/>	DO ANY HOUSEHOLD MEMEBRS HAVE SAVINGS IN EXCESS OF \$10,000?

WHAT IS THE TOTAL VALUE OF YOUR SAVINGS, INVESTMENTS, AND ASSETS?

7. ADDITIONAL INFORMATION

DO YOU IDENTIFY AS ABORIGINAL / TORRES STRAIT ISLANDER? YES NO PREFER NOT TO SAY

DO YOU HAVE A DISABILITY? YES NO PREFER NOT TO SAY

BLIND / VISION IMPAIRMENT DEAF / HEARING IMPAIRMENT MENTAL HEALTH CONDITIONS

INTELLECTUAL DISABILITY ACQUIRED BRAIN INJURY PHYSICAL DISABILITY

DO YOU OWN A CAR OR MOTORBIKE? YES NO

MAKE/MODEL:

REGISTRATION:

DO YOU OWN ANY PETS? YES NO

TYPE:

BREED:

DO YOU OWN A PUSH BIKE? YES NO

DO YOU PERFORM VOLUNTEER WORK? YES NO

HOW OFTEN? WEEKLY MONTHLY
 ANNUALLY SOMETIMES

7. ADDITIONAL INFORMATION (continued)

ARE YOU CURRENTLY STUDYING?

YES NO

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ACHIEVED?

- | | | |
|---|--|---|
| <input type="checkbox"/> YEAR 10 CERTIFICATE | <input type="checkbox"/> HIGHER SCHOOL CERTIFICATE | <input type="checkbox"/> TAFE CERTIFICATE (II – IV) |
| <input type="checkbox"/> DIPLOMA / ADV. DIPLOMA | <input type="checkbox"/> BACHELOR DEGREE | <input type="checkbox"/> GRADUATE CERT. / DIPLOMA |
| <input type="checkbox"/> MASTERS DEGREE | <input type="checkbox"/> DOCTORAL DEGREE | <input type="checkbox"/> NONE |

HOW DO YOU COMMUTE TO WORK?

- | | | |
|--------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> N / A | <input type="checkbox"/> WALK | <input type="checkbox"/> BUS |
| <input type="checkbox"/> TRAIN | <input type="checkbox"/> LIGHTRAIL | <input type="checkbox"/> CYCLE |
| <input type="checkbox"/> DRIVE | <input type="checkbox"/> CARPOOL | <input type="checkbox"/> OTHER: |

WHAT IS YOUR RESIDENCY STATUS?

- | | |
|--|---|
| <input type="checkbox"/> AUSTRALIAN CITIZEN | <input type="checkbox"/> PERMANENT RESIDENT |
| <input type="checkbox"/> NEW ZEALAND SPECIAL CATEGORY VISA | <input type="checkbox"/> REFUGEE / HUMANATARIAN |
| <input type="checkbox"/> SPONSORED MIGRANT | <input type="checkbox"/> ASYLUM SEEKER |

VISA SUBCLASS NUMBER:

DATE ARRIVED IN AUS:

WHAT WAS YOUR HOUSING SITUATION BEFORE CITY WEST HOUSING?

- | | | |
|--|---|--|
| <input type="checkbox"/> PRIVATE RENTAL | <input type="checkbox"/> LIVING WITH FAMILY / FRIENDS | <input type="checkbox"/> REFUGE/HOSTEL |
| <input type="checkbox"/> COMMUNITY HOUSING | <input type="checkbox"/> PUBLIC HOUSING | <input type="checkbox"/> HOMELESS |
| <input type="checkbox"/> SHARE HOUSE | <input type="checkbox"/> COUCH SURFING | <input type="checkbox"/> OTHER: |

REASON FOR LEAVING YOUR PREVIOUS HOUSING?

- | | | |
|---|--|---|
| <input type="checkbox"/> OVER CROWDING | <input type="checkbox"/> UNAFFORDABLE | <input type="checkbox"/> DISTANCE FROM WORK |
| <input type="checkbox"/> SHORT-TERM HOUSING | <input type="checkbox"/> DOMESTIC VIOLENCE | <input type="checkbox"/> SUB-STANDARD HOUSING |
| <input type="checkbox"/> OTHER: | | |

HOW DID YOU FIRST HEAR ABOUT CITY WEST HOUSING?

- | | | |
|--|---|--|
| <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> GOOGLE / OTHER SEARCH ENGINE | <input type="checkbox"/> ADVERTISEMENT |
| <input type="checkbox"/> PRESS | <input type="checkbox"/> ARTICLE / BLOG POST | <input type="checkbox"/> FACEBOOK |
| <input type="checkbox"/> LINKED IN | <input type="checkbox"/> TWITTER | <input type="checkbox"/> OTHER: |

IF YOU HAVE BEEN REFERRED BY ANOTHER COMMUNITY HOUSING PROVIDER OR SUPPORT SERVICE, PLEASE PROVIDE COMPANY NAME:

8. OTHER

IS THERE ANYTHING ELSE CITY WEST HOUSING SHOULD BE AWARE OF WHEN ALLOCATING YOU A PROPERTY?

Please advise any details regarding disabilities, mobility issues, medical issues, property requirements etc.

9. SUPPORTING DOCUMENTATION

PLEASE PROVIDE A COPY OF THE BELOW DOCUMENTS FOR ALL OCCUPANTS OVER 18 YEARS.

- PROOF OF IDENTIFICATION
- PROOF OF RESIDENCY
- EMPLOYMENT CONFIRMATION (PAYSLIP OR CONTRACT)
- TAX ASSESSMENT (MOST RECENT FINANCIAL YEAR)

10. DECLARATION

- I declare that the information contained in this application is true and correct
 - I understand that registering my interest does not guarantee a rental offer
 - I understand that I must advise City West Housing within 30 days of any changes to household composition, income or contact details
 - I understand that if I am requested to complete a full application, I will be required to provide extensive documentation to confirm my eligibility, and that my failure to do this in the timeframe provided may result in my expression of interest being withdrawn.
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SIGN:

DATE:
