



EMPLOYEE DETAILS		
Surname:		Given names:
Previous Name (if applicable):	Date of Birth:	Position Title
Are you an Australian Citizen or otherwise eligible to work in Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Do you have a contract of employment with an NGO?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Period of Contract:
Name of NGO:		
Title of position that you occupy:		
Briefly describe the role of the position:		
Hours worked p/week:	Gross Weekly Household Income:	
Are you currently a resident of the town in which you require housing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please provide details:		
Do you have an existing debt with the Department of Housing?	YES <input type="checkbox"/> NO <input type="checkbox"/> If YES is a payment plan in place YES <input type="checkbox"/> NO <input type="checkbox"/>	

HOUSEHOLD DETAILS (people who will permanently reside with you)					
Surname	First Names	Age (children)	Gender	Relationship to Employee	Employer (if applicable)

Do you have Pets: YES NO ; If YES advise Type, Size & Number:
Note: It is not always possible to consider pets when allocating properties

PROPERTY DETAILS			
If you have a partner, were they employed in this town prior to your appointment?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, does your partner's employer supply housing in this town or provide a rent subsidy?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you or your partner own property in this town in which you could reside?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you or your partner agreed to purchase land in this town under contract of sale that has not yet reached settlement?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you or your partner a shareholder, or entitled to the occupation or enjoyment of land in this town of which a corporation is the registered proprietor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you or your partner in possession of land in this town as a beneficiary under a deceased estate, other trust or as a life tenant?	YES <input type="checkbox"/> NO <input type="checkbox"/>

CONTACT DETAILS

Home Phone:

Work Phone:

Mobile:

Current Address:

Email:

EMPLOYEE APPLICATION TENANCY DETAILS AND CERTIFICATION

If you require any medical conditions to be taken into consideration with your application, please attach details.

Housing Preference: House Duplex Unit

Number of Bedrooms:

Tenancy Status Preferred: Family Couple Non-Shared Shared If SHARED, Please indicate your age group: 20-25 26-30 31-40 OVER 40 I prefer to share with: MALE FEMALE Are you a smoker? YES NO

I certify that the above information is true and correct. I understand that I am liable for disciplinary action in the event of wilfully providing false information.

Employee:

Signature:

Date:

In the event that this form is completed by you electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form.

TO BE COMPLETED BY NGO**TENANT INFORMATION**

Address:

Account No:

Tenancy Occ. Date:

Housing Type: House Duplex Unit

Number of Bedrooms:

Tenant Status: Family Couple Non-Shared Shared

Signature:

Name:

Position:

Agency:

Date:

All employee eligibility criteria have been met.

Approved / Not Approved

_____/_____/20____

Chief Executive Officer

Name of NGO

Any queries regarding the completion or lodgement of this Application Form may be directed to 08 9286 6000 or NGOhousing@housing.wa.gov.au
 Upon completion, this form should be endorsed by the NGO and forwarded electronically to the Department of Housing NGOhousing@housing.wa.gov.au