ACCOMMODATION APPLICATION FORM

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname First Name/s

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTCODE \_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant status:**

* War widow **Gold card number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Membership number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present housing situation** (tick appropriate box)

🞏 Owner-occupier 🞏 Private rental 🞏 Public housing

**Present income position** (tick appropriate boxes)

* War widow payment plus Income Support Supplement (ISS) only
* War widow payment or other social security plus other income

Show other income source: (circle where appropriate)

 Investments Employment Other

**Housing preferences** (number in order of preference)

🞏 New Farm 🞏 Redcliffe 🞏 Toowong

* Is car accommodation required? Yes/No (Please circle)

**Current personal status:**

* Can you move around easily at home? Yes/No
* Can you move around easily outside your home? Yes/No
* Do you use a stick, walker, wheelchair, scooter or any mobility aids? Yes/No
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Do you have a disability or medical condition requiring special needs

 i.e. Wheel chair access - shower/toilet aids etc.

Detail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Can you manage steps? Yes/No

Please list all family carers or agencies currently assisting you to live at home

 Name Contact number

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will these family carers or agencies continue your care in our housing? Yes/No

**Pre-Approval Requirements**

**Should I be offered a unit, I understand that:-**

* The Units are solely for independent living purposes
* A doctor’s certificate is required to validate my state of health and capacity for independent living
* Tenants are to be in receipt of the Income Support Supplement
* A non-refundable fee of $500 is required at time of signing the Agreement to enter
* Tenants are to be financial members of the Australian War Widows (Queensland)
* Rental (as notified at time of entry) is payable 2 weeks in advance
* Rental is subject to annual review by the Board of The Australian War Widows and is CPI indexed
* All tenants are required to abide by the rules and regulations as laid down by The Australian War Widows (Queensland) which are defined on the Licence Agreement

The details shown in this Accommodation Application Form represent a true record of my current circumstances and I request that you accept this as my application for housing.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Privacy statement***

*The Australian War Widows (Queensland) is committed to protecting your privacy. Information provided to our office will be used for the purposes of assessing suitability for subsidised housing, and for improving services offered by The Australian War Widows(Queensland).*

*Your details are stored in a database maintained by our office. If you do not wish this to occur, please contact Executive Officer on (07) 3846 7706*

*Your details will be disclosed to the Board of The Australian War Widows (Queensland) and may also be disclosed to selected office staff of the Guild.*

*If you have any question regarding your privacy, please contact the Guild office on the numbers indicated above, or by email to* *secretary@warwidowsqld.com.au*

**Checklist for Unit Entry** (office use only):

* Is application form completed in all particulars?
* Is all income sources evidence attached?
* Veterans’ Affairs evidence
* Investment Income
* Employer evidence
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is a medical certificate as to general health status provided?
* Are details of next of kin supplied and verified?
* Has non refundable deposit been received?

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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