Gladstone Central Committee on the Ageing

Port Curtis Place - Senior Citizens Centre
83 Oaka Lane, Gladstone QLD 4680

Phone (07) 4972 4465
Email: **admin@gccota.org.au**
Web: **www.gccota.org.au**

GCCOTA

APPLICATION FOR HOUSING

Please answer all questions on application for assessment purposes.
****Please sign application and provide all information requested****
****Rental references are required****

NAME APPLICANT 1 _____

ADDRESS _____

_____

PHONE NUMBER _____

EMAIL _____

DATE OF BIRTH _____

DO YOU HAVE PETS? _____

ARE YOU A PERMANENT RESIDENT OR AUSTRALIAN CITIZEN? **YES** ☐ **NO** ☐

ARE YOU OVER 50 YEARS OF AGE **YES** ☐ **NO** ☐

PHOTO ID PROOF (eg: Drivers Licence, Passport, etc) **YES** ☐ **NO** ☐

CRN CARD NUMBER _____

MY AGED CARE NUMBER _____

ANY MEDICAL CONDITIONS THAT EFFECT HOUSING REQUIREMENTS _____

_____

DO YOU RECEIVE AN AUSTRALIAN PENSION? **YES** ☐ **NO** ☐

TYPE OF PENSION _____

TOTAL PER FORTNIGHT_____

****PLEASE ATTACH AN INCOME STATEMENT FROM CENTRELINK/DEPARTMENT OF VETERAN AFFAIRS WITH YOUR APPLICATION FOR EACH APPLICANT****

DO YOU HAVE ANY ADDITIONAL INCOME? **YES** ☐ **NO** ☐

- ☐ Bank Interest from Investments
- ☐ Superannuation Funds
- ☐ Foreign Pension
- ☐ Other (Wages etc.)

****PLEASE PROVIDE EVIDENCE OF ALL ADDITIONAL INCOME PER ANNUM****

NAME APPLICANT 2 _____

ADDRESS _____

_____

PHONE NUMBER _____

EMAIL _____

DATE OF BIRTH _____

DO YOU HAVE PETS? _____

ARE YOU A PERMANENT RESIDENT OR AUSTRALIAN CITIZEN? **YES** ☐ **NO** ☐

ARE YOU OVER 50 YEARS OF AGE **YES** ☐ **NO** ☐

PHOTO ID PROOF (e.g.: Drivers Licence, Passport, etc) **YES** ☐ **NO** ☐

CRN CARD NUMBER _____

MY AGED CARE NUMBER _____

ANY MEDICAL CONDITIONS YOU WOULD LIKE TO REPORT _____

_____

_____

DO YOU RECEIVE AN AUSTRALIAN PENSION? **YES** ☐ **NO** ☐

TYPE OF PENSION _____

TOTAL PER FORTNIGHT _____

*****PLEASE ATTACH AN INCOME STATEMENT FROM CENTRELINK/DEPARTMENT OF VETERAN AFFAIRS WITH YOUR APPLICATION FOR EACH APPLICANT*****

DO YOU HAVE ANY ADDITIONAL INCOME? **YES** ☐ **NO** ☐

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- ☐ Foreign Pension
- ☐ Other (Wages etc.)

*****PLEASE PROVIDE EVIDENCE OF ALL ADDITIONAL INCOME PER ANNUM*****

WHAT IS YOUR CURRENT HOUSING SITUATION (Please tick)?

☐ Private Rental	☐ Living with Family/Friends
☐ Caravan Park	☐ Community/Public Housing
☐ Refuge/Hostel	☐ Own Home
☐ Other	☐ Boarding House

RENT

Total Amount Paid Fortnightly __

CURRENT RENTAL DETAILS

Address _____

Have any notices been issued _____

Landlord/Agent contact details _____

PREVIOUS RENTAL DETAILS

Address 1 _____

Reason for Leaving _____

Were any notices issued _____

Landlord/Agent contact details _____

Address 2 _____

Reason for Leaving _____

Were any notices issued _____

Landlord/Agent contact details _____

REFERENCES – Name and Contact details

Personal Referee _____

Contact Number_____

DO YOU GIVE US PERMISSION TO CONTACT YOUR REFEREE **YES** ☐ **NO** ☐

DO YOU HAVE AN ACTIVE APPROVED DEPARTMENT OF SOCIAL HOUSING APPLICATION?

APPLICANT 1 **YES** ☐ **NO** ☐

APPLICANT 2 **YES** ☐ **NO** ☐

NEXT OF KIN DETAILS

NAME: _____

RELATIONSHIP TO APPLICANT: _____

PHONE NUMBER: _____

EMAIL: _____

DECLARATION

To the best of my/our knowledge the information provided on this form is true and correct.

SIGN

Applicant 1 _____ Applicant 2 _____

PLEASE PRINT NAME

_____ _____

Please return this application and all relevant documentation to:

Gladstone Central Committee on the Ageing
83 Oaka Lane
GLADSTONE Q 4680
Or email to admin@gccota.org.au

OFFICE USE ONLY:

Date Received: _____

By: _____

Other: _____