491 – 499 South Road, Regency Park SA 5010

Phone: **1800 688 000**

Email: [enquiry@believehousing.org.au](mailto:enquiry@believehousing.org.au)

**TENANCY APPLICATION**

LONG TERM ACCOMMODATION FOR OLDER PEOPLE

**An application for accommodation may be lodged by any South Australian resident over the age of 55 (Aboriginal and Torres Strait Islander people who are over the age of 50) on a low income. You must be able to live independently and not own a home.**

# Applicant 1 Date

Full Name: Mr/Mrs/Ms

Age: years Date of Birth:

Current Address:

Telephone Number: Other Contact Number:

# Applicant 2

Full Name: Mr/Mrs/Ms

Age: years Date of Birth:

Current Address:

Telephone Number: Other Contact Number:

Do any of the applicants identify as Aboriginal or Torres Strait Islander Yes No

Are any of the applicants a refugee? Yes No Please Specify:

What Language is spoken at home? Do any of the applicants need a translator? Y N

If yes, please fill in the following details:

Translator’s Name: Phone Number:

# OTHER INFORMATION

Preferred number of bedrooms: 1 2 either is acceptable

Do any of the applicants require a carpark? Yes No

Will any of the applicants have any pets? Yes No Type Age Desexed Y N

How long have you lived at your current address? Years Months

How many times have you moved in the past two years?

Have any of the applicants applied for accommodation from Housing SA? Yes No

What category?

Are any of the applicants registered on any other housing waiting list? Yes No

Why do any of the applicants want to move from their present accommodation? e.g. Rent is too high, inadequate facilities, house/garden is too small/large, location etc.

Do any of the applicants have any specific needs in you housing? e.g. ramp for wheelchair or walker, room for storage for gofer, walk in shower etc. Yes No

If Yes, please briefly describe these needs:

Do any of the applicants have a Supported Disability Accommodation Package (SDA)? Yes No

Do any of the applicants have any other circumstances you wish to have taken into account? e.g. health, disabilities, social reasons: Yes No

Do any of the applicants have a hearing or sight impairment? Yes No

If yes, please briefly describe:

A doctor’s letter and /or a letter from a support worker should be attached to this application.

Doctors Name: Telephone No:

Address:

Name of Support Agency (if appropriate):

Support worker’s name: Phone:

Details of persons we can contact (not living with you, for emergency contact only)

**Person 1** Name: Relationship to you: -

Address:

Telephone No:

Details of persons we can contact (not living with you, for emergency contact only)

**Person 2** Name: Relationship to you: -

Address:

Telephone No:

# FINANCIAL INFORMATION

Please complete the following to help us to prioritise our waiting list and understand the urgency of your application.

**TOTAL INCOME** (*per fortnight*)

Centrelink Pension $ Centrelink/DVA Card Number (Applicant 1)

Employment $ Card Expiry Date

Veteran Affairs Pension $ Gold Card Holder? Yes No

Superannuation $ Centrelink/DVA Card Number (Applicant 2)

Overseas Pension $ Card Expiry date

Other $ Gold Card Holder? Yes No

What is the total value of your assets? $

What is the total of your bank account/ investments? $

What type of accommodation do you live in? Please describe e.g. 2 bedroom, unit/house etc

Private Rental

Own/partially own home

Share house

Housing SA

Other

If you own/partially your home the current estimated value is $ \_

Is the property currently for sale? Yes No

If renting, how much rent are you paying per week? $

To assist us, please tell us where you heard about these homes:

Website Friend/Relative Online Council Church Other

# I / we confirm and acknowledge that:

1. The information contained in this application is true and correct
2. I am/we are over the age of 55 years (Aboriginal and Torres Strait Islander people who are over the age of 50)
3. Only those persons named on the application will reside permanently at the property
4. I/we will pay 2 weeks rent & a bond equal to 4 weeks rent before taking possession of the property
5. I/we agree to pay rent by Centrepay or direct deposit

Signature of Applicant 1: Date:

Signature of Applicant 2: Date:

**Please note that due to the limited number of two-bedroom units, priority is given to couples.**

# Please list in order of preference e.g. 1, 2, 3

|  |  |  |
| --- | --- | --- |
| **Burnside** | 8-18 Young Street - 6 Two bedroom units |  |
| **Campbelltown** | 4 Gorge Road - 26 Two bedroom units |  |
| **Elizabeth East** | 30 Fletcher Road - Under redevelopment |  |
| **Elizabeth East** | ‘Canterbury Close’ 36c Halsey Road - 14 Two bedroom units |  |
| **Elizabeth East** | 11 Blamey Road - 6 Two bedroom units |  |
| **Elizabeth North** | 18 Knighton Road - 8 Two bedroom units |  |
| **Elizabeth North** | 121 Woodford Road - 16 Two bedroom units |  |
| **Elizabeth South** | Corner Goodman Road & Blake Road - 14 Two bedroom units |  |
| **Gilles Plains** | 1 Mary Avenue & 8 Anita Avenue - 6 Two bedroom units |  |
| **Kilburn** | 35 Brooklyn Street - 6 One bedroom units |  |
| **Kingswood** | 18 North Parade - 8 One bedroom units |  |
| **Mansfield Park** | 28 Hampshire Street - Under redevelopment |  |
| **Mitchell Park** | 29 Richard Avenue - 8 One bedroom units |  |
| **Mitchell Park** | 34 Daisy Avenue - 16 One bedroom units |  |
| **Northfield** | 1 Firth Avenue - 11 Two bedroom units |  |
| **Northfield** | 4 Carlisle Street - 10 Two bedroom units |  |
| **Panorama** | 16 Ontario Avenue - Under redevelopment |  |
| **Salisbury** | 15-17 Mary Street - 17 One bedroom units & 7 Two bedroom units |  |
| **Seaford Rise** | 8 Osprey Avenue - 5 One bedroom & 3 Two bedroom units |  |
| **South Brighton** | 16 Stephenson Avenue - 7 One bedroom units |  |
| **South Brighton** | 5 Tucker Street - 10 One bedroom units |  |
| **Woodville Gardens** | Corner Eighth Avenue & Danvers Grove - 21 Two bedroom units and 2 disability units |  |