



REGISTRATION OF INTEREST FOR Long Term Community Housing

OFFICE USE ONLY		Please complete the registration in full. Your registration form will be returned if all details are not supplied.
LTCH APPLICATION NUMBER		

1. Primary Applicant Details		Family (last) name		Given (first) name		D.O.B. (DD/MM/YY)	
		Street Address					
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Suburb / Town / City			Postcode		
Aboriginal Or TSI	<input type="checkbox"/> Y <input type="checkbox"/> N	Postal Address (if different or Homeless)			Postcode		
Expiry date of current lease							
Phone - please provide at least one phone number				Australian Residency Status			
				Country of Birth			
Description of your current housing Please tick one <input checked="" type="checkbox"/>	Private Rental <input type="checkbox"/>	Public Housing <input type="checkbox"/>	Caravan <input type="checkbox"/>	Living with family or friends <input type="checkbox"/>	Homeless / Couch Hopping <input type="checkbox"/>		
List all other members of your household here. All details must be correct for us to process your application successfully. Please add additional pages if you require more room to complete.							
Full Name		M/F	D.O.B. (DD/MM/YY)		Relationship to Primary Applicant		
1							
2							
3							
4							
Do you have a current public housing application?				<input type="checkbox"/> Y <input type="checkbox"/> N	Application Number		Office of Housing office where application was made
Where did you get this application from? Please tick one <input checked="" type="checkbox"/>		Self <input type="checkbox"/>	RHNL <input type="checkbox"/>	Other Agency <input type="checkbox"/>	Support Service <input type="checkbox"/>	Other - please specify	

RHN: V.1.1 2011

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www.ruralhousing.com.au

Do you have a support person who assists you to make decisions? If YES, tick ONE at right and provide details below. If NO go to next question <input checked="" type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N	Family Member <input type="checkbox"/>	Friend <input type="checkbox"/>	Support Worker <input type="checkbox"/>	Advocate <input type="checkbox"/>	Formally appointed Administrator or Guardian <input type="checkbox"/>
Name		Address					
Organisation		Phone/Mobile			Email <input type="checkbox"/>		
Which of the following best describes your household? Please tick one <input checked="" type="checkbox"/>		<input type="checkbox"/> Single Person	<input type="checkbox"/> Partnered, no children	<input type="checkbox"/> Unrelated Adults, no children	<input type="checkbox"/> Sole parent	<input type="checkbox"/> Couple, children	<input type="checkbox"/> Family with other non-related persons
Number of persons less than 16 years of age		Number of persons older than 16 years of age		Other regular visitors e.g. Carer, Support worker			
Do you, or anyone to be housed with you, require any of the following?							
Modifications for a Disability		<input type="checkbox"/> Y <input type="checkbox"/> N	Describe what is required				
Can you only live on the ground floor?		<input type="checkbox"/> Y <input type="checkbox"/> N	Do you need an additional bedroom for a full time, live in carer?				<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a disability?		<input type="checkbox"/> Y <input type="checkbox"/> N	Please describe your disability				
Do you have a medical condition that may affect your tenancy?		<input type="checkbox"/> Y <input type="checkbox"/> N	Please describe your illness				
Main source(s) of income Please insert the gross fortnightly amount in dollars below (Gross is BEFORE tax is deducted)							
Wages/Salary	\$	Centrelink Benefit or Pension		\$			
Other	\$	Source of 'Other' income					
Where would you like to live? Wodonga, Wangaratta, Shepparton, Cobram, Yarrawonga, Benalla, Alexandra, Beechworth, Myrtleford, Wallan, Broadford, Kilmore		1			2		
Any further information							
Signature of Primary Applicant						Date	