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All correspondence to be addressed to:
 The Chief Executive Officer
 PO Box 46
 THARGOMINDAH QLD 4492



Application for Rental of Council Accommodation

Household Member Details

Household Member:	Surname	Given Names	Date of Birth	Relationship to Applicant	Mobile Number
Applicant					
2					
3					
4					
5					

Please tick if you are a Council Employee or a Community Member:

Council Employee Community Member

Current Living Arrangement

Please provide details of your current living arrangement including the amount it is costing you per week, if applicable

Current Home Address:		
Home Phone:	Work Phone:	Mobile:
Email Address:		
Period at this Address:	Name of Landlord:	
Address of Landlord:		

Please select the type of your current accommodation:

Private Renting: <input type="checkbox"/> \$	Living with Family/Friends: <input type="checkbox"/> \$
Public Renting: <input type="checkbox"/> \$	Sharing a House/Flat: <input type="checkbox"/> \$
Living in a Caravan: <input type="checkbox"/> \$	Living in a Boarding House/ Hostel/ <input type="checkbox"/> \$
Other (Please Specify): <input type="checkbox"/> \$	
Do you have a current fixed-term residential tenancy agreement? (lease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When does it expire?	
Have you recently been issued with a Notice to Leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When does it Expire?	(Please provide a copy of this notice)

Reason for wanting to leave present accommodation:

Eligibility Criteria

To further assist Council with processing your application, please provide the following information.

If you are a community member, are you a senior or retiree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Do you have a pension or Centrelink allowance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have been unable to source tenancy in the private housing market	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Australian citizenship or residency – an applicant must:

Be an Australian citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have been granted permanent residency status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Have been granted a Permanent Protection Visa or a Resolution of Status Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Hold a Temporary Protection Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Hold a Bridging Visa if they previously held a Temporary Protection Visa.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Is the applicant who will become the legal tenant a Queensland resident?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Property Ownership. Does the applicant or any intended household member own or partly own property within Australia including:

A residential home including a house, flat, unit or townhouse or rural property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A manufactured or transportable home (e.g. caravan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Improved or unimproved commercial or industrial property	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Property Ownership. Does the applicant or any intended household member own or partly own property within the Bulloo Shire:

A residential home including a house, flat, unit or townhouse or rural property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A manufactured or transportable home (e.g. caravan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Improved or unimproved commercial or industrial property	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Accommodation:

Please select the type of accommodation you are interested in:

Type Accommodation: VIP Unit <input type="checkbox"/> (Furnished)	Powell St Flat <input type="checkbox"/> (Furnished)	Senior Unit <input type="checkbox"/>	House <input type="checkbox"/>
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Disability or Medical Needs

Do you, or any proposed household member have any Disability or Medical needs?

Pets				
Do you, or any person to be housed with you, currently have a pet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please provide details:				

Contact Details					
Please supply the name of a relative or friend with whom you will stay in contact:					
Person:					
Address:					
Home Phone:	Work Phone:	Mobile:			
Do you have family residing in the area:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Who?
Reason for moving to the area:					
Period in the Bulloo Shire:					
Name of current Employer:					
Address of current Employer:					
Period of Employment:					
Name of Previous Employer:					
Address of Previous Employer:					
Period of Employment:					

Previous Housing Provider	
Please state name and contact details of previous housing provider (for reference details:	
Name:	Contact Number:
Email Address:	
Address:	

Declaration

You must complete and sign this section.

I understand:

- *The instructions given on this form and note the Privacy Notice.*
- *That my name will be placed on the wait list for Bulloo Shire Council Housing.*
- *That any waiting times given to me are a guide only on the length of time that I may wait and may change at any time.*
- *That completion of this application form is no guarantee of accommodation being provided and in no way obligates the organisation to provide accommodation.*

Privacy Notice

Unless authorised or required by law, your personal information will not be passed on to any other third party without your consent. More information about Council's privacy policy is available at the Bulloo Shire Council Office.

Declaration

I certify that the above information is true and correct and I understand that any false or misleading information could lead to being taken off the waiting list or future eviction.

Signature of Applicants:		
Name:	Signature:	Date:
Name:	Signature:	Date:

Witness: (The witness must be over 18 years of age)

Name:	Signature:	Date:
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