

Girudala Community Co-operative Society Limited



ABN : 24 731 933 099

50 George Street
PO Box 987
BOWEN QLD 4805

Tel : 07 4786 1000

Fax : 07 4786 3136

Email : housing@girudala.com.au

APPLICATION FOR HOUSING

Eligibility Criteria for Housing:

- Resident of Bowen, Proserpine or Collinsville for at least six (6) months (proof may be required)
- Member of Girudala Community Co-operative Society Limited
- Application to be completed in full, in block letters and signed
- Attach supporting documentation if required

Eligibility Criteria for Membership:

- Resident of Bowen, Proserpine or Collinsville for at least six (6) months (proof may be required)
- Completed Membership Application
- Present at the Girudala General Meeting to have your application for membership passed by the community
- Membership fee paid within fourteen (14) days of membership being passed. Membership fee is \$1.10 and administration fee is \$2.20. Administration fees are due every 1st July thereafter to keep your membership active. Failure to pay fees will result in membership cancellation

OFFICE USE ONLY :

Applicant's Name : _____

Membership : _____ Supporting Doc's Attached : _____

Date Housing Application Rec'd : _____ Rec'd By : _____

Form Complete : _____ More Information Required : _____

Waiting List Updated : _____

Household Member Details

Please provide details of all people to be housed. Please include all adults and children, including details of income where applicable

	Applicant	Household Member #2	Household Member #3	Household Member #4
Title : Mr/Mrs/Ms/Miss				
Surname :				
Given Names :				
Date of Birth :				
Male/Female :				
Relationship to Applicant :	Applicant			
Income – Wages :	\$	\$	\$	\$
Income – Centrelink :	\$	\$	\$	\$
Type of Centrelink Payment :				
Other Income :	\$	\$	\$	\$
Please indicate if you are of (please tick one or more of the following boxes)				
Aboriginal Origin :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander Origin :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Australian South Sea Islander Descent :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
None of the above :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Household Member Details continued

Please provide details of all people to be housed. Please include all adults and children, including details of income where applicable

	Household Member #5	Household Member #6	Household Member #7	Household Member #8
Title : Mr/Mrs/Ms/Miss				
Surname :				
Given Names :				
Date of Birth :				
Male/Female :				
Relationship to Applicant :				
Income – Wages :	\$	\$	\$	\$
Income – Centrelink :	\$	\$	\$	\$
Type of Centrelink Payment :				
Other Income :	\$	\$	\$	\$
Please indicate if you are of (please tick one or more of the following boxes)				
Aboriginal Origin :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Torres Strait Islander Origin :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Australian South Sea Islander Descent :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
None of the above :	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Residential Addresses :

Present Address : _____
_____ Postcode : _____

Phone : _____ Mobile : _____

You must advise us of any change to this address or your application may be cancelled.

If you have lived at your present address for less than 6 months, please provide previous address :

_____ Postcode : _____

References :

Please supply the name of a relative, friend or organisation with a different address to you, with whom you will stay in contact :

Person/Organisation : _____

Address : _____ Postcode : _____

Phone : _____ Mobile : _____

Do you have any Housing Special Needs i.e. ramp:

Do you have any special needs? Yes No

If yes, please give details : _____

Other Information:

1. Do you or your partner own or have any shares in any property? Yes No

If yes, please give details : _____

2. Have you been a member of this organisation before? Yes No

If yes, what year did you become a member? _____

3. Have you or your partner been known by any other name/s in the past ? Yes No

If yes, please give past name : _____

4. Is everyone listed on the application currently living with you ? Yes No

If no, please list names of each and why not :

5. Please state your locality preference :

1. _____

2. _____

3. _____

What is your relationship status?

- Married Single Partner/Spouse Widow/Widower

Do you require information or support in any of the following programs?

- | | |
|--|--|
| <input type="checkbox"/> CHSP – Community Care | <input type="checkbox"/> Sexual Health Awareness |
| <input type="checkbox"/> Youth Health | <input type="checkbox"/> Sport & Recreation |
| <input type="checkbox"/> Nutrition Promotion | <input type="checkbox"/> Education & Training |
| <input type="checkbox"/> Alcohol Tobacco & Other Drugs Support | <input type="checkbox"/> Family Support |

Are you experiencing Financial Hardship?

Are you experiencing Domestic Violence that you require assistance with?

Are you experiencing anything else that you require support or assistance with?

Important to Note:

- You need to have been living in Bowen, Proserpine or Collinsville for no less than six (6) months to be eligible for housing
- You are required to produce two rental references once you are offered a home
- There will be points allocated for attending meetings held by Girudala. The waiting list is based on a points system.
- A \$2.20 administration fee is required on the 1st July each year. Failure to pay this fee will forfeit your membership and housing status.

Name of Applicant : _____

Signature of Applicant : _____

Date : _____