

Application for Housing at Stinton Gardens Estate

The Greenbushes Aged Community Committee Incorporated (GACC) provides and manages independent living aged accommodation for seniors within the Shire of Bridgetown Greenbushes. The facilities known as *Stinton Gardens Estate*, in Greenbushes, are a joint venture partnership with GACC, the Shire of Bridgetown Greenbushes and the Department of Housing (DOH).

The existing Units 1 to 5 are for community housing which requires the resident to meet DOH criteria for low income or disability criteria.

Going forward GACC are looking to develop further units which would be available on a commercial rental or lease for life basis and as such would not be bound by DOH assessment criteria.

**SECTION A
Applicant Details**

SURNAME _____ OTHER NAMES _____

Title Mr Mrs Miss Ms Sex Male Female

Date of Birth _____

Residential Address _____

Telephone _____ Mobile _____ Postcode _____

Email _____ Centrelink Reference _____
(if applicable)

Contacts – Please nominate someone we may contact if we are unable to contact you

Family/Friend Name _____ Telephone _____

Address _____ Postcode _____

Advocate/Support Agency _____

Telephone _____

Address _____

_____ Postcode _____

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Partner or Co-Applicant Details *(a person who wishes to share the housing & intends to sign the Tenancy Agreement)*

SURNAME _____ OTHER NAMES _____

Title Mr Mrs Miss Ms Sex Male Female

Date of Birth _____

Contact Address _____

Telephone _____ Mobile _____ Postcode _____

Email _____

		Yes	No
Do you require accommodation -	Immediately?	<input type="checkbox"/>	<input type="checkbox"/>
	Within 1-3 years?	<input type="checkbox"/>	<input type="checkbox"/>
	Within 4-6 years?	<input type="checkbox"/>	<input type="checkbox"/>
	Within 7-10 years?	<input type="checkbox"/>	<input type="checkbox"/>

Are you applying for community housing? Yes No
If you answered yes we will require you to fill out proof of income forms prior to offering accommodation

Would you be interested in non-subsidised rental at Stinton Gardens? Yes No

Would you consider a lease for life unit at Stinton Gardens? Yes No

Do you have pet(s)? Yes No
If you answered yes please detail type and number

Does any member of your household have a disability which impacts on their housing needs? Yes No
If you answered yes please complete the DOH Disability Information Form

Does any member of your household have a medical condition that you wish to be considered as part of your application? Yes No
If you answered yes please complete the DOH Medical Information Form

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DECLARATION

I/we declare the information in this application is correct.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Partner Name: _____

Partner Signature: _____ Date: _____

Co-Applicant Name: _____

Co-Applicant Signature: _____ Date: _____

All information provided is treated with strictest confidence

<i>Office Use Only</i>	
Date Received:	
Application #	
DOH Eligible:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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