

## AGED PENSIONERS

Administered by AnglicareSA

1/560 North East Road, Holden Hill SA 5088 | Phone 08 8118 2600 Email: AnglicareSAHousing@anglicaresa.com.au

## **TENANCY APPLICATION FOR INDEPENDENT HOMES**

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:Preferred		
Preferred number of bedrooms: $\Box$ 1	□ 2 □ Either is acceptable		
Do you have any special needs in you housing? E.g. ramp for wheelchair or walker, room for storage of gofer, walk in shower etc.  Yes  No			
If Yes, please briefly describe these needs: _			
Do you wear a hearing device? Yes □	No 🗆		
Do you identify yourself as Anglo-Australia	n? Yes 🗌 No 🔲 Aboriginal/Torres Strait Islander? Yes 🗎 No 🗍		
Refugee? Yes ☐ No ☐ Other? Ple	ease Specify:		
	Do you need a translator? Yes □No □		
If yes, please fill in the following details:			
Translator's Name:			
Translator's Name			

Details of persons we ca	n contact ( <b>not</b> living wit	th you):
Person 1 Name:		Relationship to you:
Address:		
		Telephone No:
Details of persons we ca	an contact ( <b>not</b> living wit	th you):
Person 2 Name:		Relationship to you:
Address:		
		Telephone No:
Will you be keeping an	y pets? Yes □ No □ T	ype Age Desexed Yes 🔲 No 🗆
	EINI	ANCIAL POSITION
	FIIN	ANCIAL POSITION
Please complete the foll	owing to help us to prior	ritise our waiting list and understand the urgency of your application
INCOME (per fortnight)	Å	Controllink (D) (A Cond Neurole on (Appelling et d.)
Centrelink Pension	\$	Centrelink/DVA Card Number (Applicant 1)
Rent Relief	\$	Card Expiry Date
Verteran Affairs Pension	\$	
Superannuation	\$	Cenrelink/DVA Card Number (Applicant 2)
Overseas Pension	\$	Card Expiry Date
Other	\$	Gold Card Holder? Yes ☐ No ☐
Employment	\$	
House or Land Value	\$	
What is the total of your b	pank account/Investments?	? \$
	<u>YOUR</u>	CURRENT HOUSING
What type of house do y	ou live in? Describe, eg. 2b	or. Flat, 3 br. House, etc
It is:		
☐ Private Rental [	☐ Own Home ☐ Housir	ng SA □ Share House □ Buying your own home
Other		
Do you own your own ho	ome?	
Yes ☐ Current Value \$	No 🗆	If renting, how much rent do you pay per week? \$
How long have you lived	d at your current address?	Years Months
Why do you want to mov	ve from your present accor	mmodation? Eg. Rent is too high, eviction, facilities, house/garden are to

Please write all your reasons to help us understand why you wish to move			
How many times have you moved in the past two years?			
Have you applied for accommodation from Housing SA?			
Yes □ No □ What category?			
Have you applied for accommodation from Aboriginal Housing Authority?			
Yes □ No □ What category?			
If yes, which year did you apply?			
Have you recently lodged a priority housing application? Yes □ No □			
Have you applied for accommodation from any other housing authority/organization, besides private rental?			
Yes □ No □ What category?			
If yes, to which authority/organization did you apply?			
OTHER INFORMATION	<u>I</u>		
Do you have any circumstances you wish to have taken into account? eg. Health problems, disabilities, diabetes, social reasons: Yes ☐ No ☐			
Do you have a hearing or sight impairment, Do you waer a Hearing Aid? Yes □ No □			
If yes, please briefly describe:			
A doctor's letter and/or a letter from your support worker, where appropriate Application:	riate, should be attached to this		
Doctors Name: Telephone No:			
Address:			
Name of Support Agency (where appropriate):			
Phone:Your support worker's name:			
To help us with our advertising, please tell us where you heard about Age			
□ Friend □ Newspaper □ Local 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 and that the rental payments are within my/our means.			
3. Only those persons named on the application will reside permanently at the property.			
4. I/We will pay 2 weeks rent & a bond of 4 weeks rent before taking possession of the property.			
5. I/We agree to pay rent by direct debit from my/our bank account or Centrepay.			
Signature of Applicant 1: Date:			
Signature of Applicant 2:	Date:		

**PREFERRED LOCATIONS:** (Subject to availability). Please list in order of preference 1st, 2nd, 3rd.

Please keep in mind that due to the limited number of two bedroom units we manage, priority is given to couples over singles who wish to apply for a two bedroom unit.

PLEASE TICK PREFERRED AREAS:		
□ Semaphore	4 Barrington Ave (Corner of Barrington and Swan) 8 one bedroom units with separate laundry facilities and RC air cond.	
☐ Salisbury	15-17 Mary St  7 One bedroom & 2 Two bedroom units with laundry facilities and RC air cond.	
☐ Kingswood	18 North Parade (Corner or North and Park) 8 One bedroom units with separate laundry facilities and RC air cond.	
□ Hawthorn	45 Angas Rd 22 One bedroom units with separate laundry facilities and RC air cond.	
□ Panorama	16 Ontario Avenue 15 One bedroom units with separate laundry facilities.	
☐ South Brighton	16 Stephenson Avenue 7 One bedroom units with separate laundry facilities in bathroom and RC air cond.	
☐ South Brighton	5 Tucker Street  10 One bedroom units with separate laundry facilities and RC air cond.	
□ Northfield	4 Carlisle Street  10 two bedroom units with separate laundry facilities and built in robes	
☐ Elizabeth East	"Cantebury Close" 36c Halsey Road  14 Two bedroom units with BIRs, enclosed gardens, carport and laundry facilities.	
☐ Elizabeth East	11 Blamey Road 6 Two bedroom units with BIRs, enclosed gardens, carport and laundry facilities.	
☐ Woodville Gardens	Cnr Eighth Ave & Danvers Grove 21 two bedroom units and 2 fully equipped disability units	