



HOUSING APPLICATION

All applicants for BADAC housing must be members of the Ballarat & District Aboriginal Co-operative Ltd

INFORMATION FOR APPLICANTS

If there are any changes to your circumstances you must inform BADAC as soon as possible.

You will be required to provide:

- * At least **one current referee**; and
- * Details of **any current debts**; for example: Ministry of Housing.

Any questions should be referred to the Chief Executive Officer, BADAC.

Title: Mr Mrs Ms Miss

Family Name: _____

Given Name(s): _____

Are you: Aboriginal Torres Strait Islander Both

Spouse / Partner: _____

Are they: Aboriginal Torres Strait Islander Both

Current Address: _____

Telephone: Work: _____

Home: _____

Mobile: _____

Number of Children:

Child 1: Age ____ Years Aboriginal Torres Strait Islander Both

Child 2: Age ____ Years Aboriginal Torres Strait Islander Both

Child 3: Age ____ Years Aboriginal Torres Strait Islander Both

Child 4: Age ____ Years Aboriginal Torres Strait Islander Both

Child 5: Age ____ Years Aboriginal Torres Strait Islander Both

Child 6: Age ____ Years Aboriginal Torres Strait Islander Both

How many people need to be accommodated: _____

Is this a: New Application
 Transfer Application



Has housing assistance been provided previously? YES NO

Where and for how long? _____

Reason Housing Assistance is required:

Referees:

1. _____ Telephone Number: _____
(name)

2. _____ Telephone Number: _____
(name)

Signed: _____ Date: ____ / ____ / ____
(applicant)

Office Use Only

ASSESSMENT

Is applicant eligible according to the housing policy? YES NO

Does the applicant owe any monies to BADAC/ RCH/ OOH? YES NO

DECISION MADE BY THE BOARD

List on Waiting List under _____ required bedrooms

Approved: _____ Date: ____ / ____ / ____

Approved: _____ Date: ____ / ____ / ____

Not Approved: _____ Date: ____ / ____ / ____

Not Approved: _____ Date: ____ / ____ / ____

Reason for Non Approval:

Applicant contacted by CEO / Housing Officer

Applicant Approved to Property:

By PHONE on: ____ / ____ / ____

By LETTER on: ____ / ____ / ____

Expected Sign Up Date: ____ / ____ / ____

Please attach all correspondence and file-notes to this application.