

# EMPLOYEE HOUSING APPLICATION FORM

*Applicant to Complete – Please read carefully and circle answers.*

## 1. ELEGIBILITY

a) I have been appointed or transferred into the Housing Centre where I have applied for housing.	Yes	No
b) Neither myself nor my occupants own or have owned a residence within 50 kilometres of the outside perimeter of the centre where I have applied for housing. The outside perimeter of a centre is the local government boundary or business environs, which ever is the further.	Yes	No
c) I am reapplying for housing in this centre	Yes	No

If you answered 'yes' to questions (A) and (B), or 'yes' to (A), (B) and (C) you maybe eligible for Departmental Housing. Please continue filling out this form.

## 2. PERSONAL, CURRENT AND NEW EMPLOYMENT DETAILS

**I am applying for housing at:**

<b>Full Name:</b>		<b>Payroll N<sup>o</sup>:</b>		<b>Gender:</b>		
				Male	Female	
<b>Current School:</b>	<b>Current Job:</b>	<b>Current Job Status:</b>		Perm	Temp	Contract
<b>New School:</b>	<b>New Job:</b>	<b>Current Job Status:</b>		Perm	Temp	Contract
<b>New Job Start Date:</b> / /	<b>New Job End Date for Temporary staff (If Known):</b> / /					
<b>Contact Phones:</b> ☎	(work)	(home)	(mob)			
<b>Contact Addresses:</b>	Street Address:		Email Address:			

## 3. INFORMATION FOR TENANCY

<b>Date Required:</b> / /	<b>Family:</b> →	Sole: →	<input type="checkbox"/>	Go to section 3(a)
	<b>Single:</b> →	Individual: →	<input type="checkbox"/>	Go to section 3(b)
		Multi-Tenancy: →	<input type="checkbox"/>	

### 3(a) - FAMILIES

**LIST ALL ADULT OCCUPANTS**

Name	Income over \$10 K		Are they entitled to other Government Employee Housing?			Smoker	
1.	Yes	No	Yes	No	Details:	Yes	No
2.	Yes	No	Yes	No	Details:	Yes	No

**OTHER TENANCY QUESTIONS** (If you need to elaborate please use the space provided or attach additional information)

<b>Children's Ages</b> ...../...../...../.....	<b>Does any family member have a physical impairment that requires consideration when allocating a residence?</b>		
	<b>If Yes please clarify:</b>	Yes	No
<b>Preferred Number of Bedrooms</b>	<b>Do you have pets that you intend to have living with you?</b>	Yes	No
	<b>If Yes please specify:</b>		

### 3(b) - SINGLES

**OTHER TENANCY QUESTIONS** (If you need to elaborate please use the space provided or attach additional information)

(a) Are you a smoker?	Yes	No
(b) Do you have pets that you intend to have living with you? If yes please specify:	Yes	No
(c) Do you have a physical impairment that requires consideration when allocating a residence? If Yes please clarify:	Yes	No
NB. You may not be able to have pets living with you in departmental housing if no suitable tenancies are available.		
(e) Are you willing to share a residence with other single employees who are; of the opposite sex; or smokers; or have pets? If 'No', also answer (f)	Yes	No
(f) If No why are you unwilling to share:		
NB If you are not willing to share a residence with other single employees there may be no suitable tenancies available.		

**Declaration:** I, the undersigned, declare all information supplied above to be true and correct. I accept responsibility for the accuracy of the information provided in this application and will abide by the Departmental Housing Management Guidelines and Procedures of this Department. I have read and understood the privacy statement relating to the use of these forms and the treatment of the information I have supplied above.

<b>Signature:</b>		<b>Date:</b>	
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### **Local Accommodation Committee Recommendations**

Application received	Date:        /        /	<b>Eligible</b>	<b>Y / N</b>	<b>PRIORITY</b>	
Local Accommodation Committee meeting or date considered by LAO				Date:        /        /	
Unsuccessful applicant deferred to:		Waiting List / Central Housing		Date:        /        /	
Furniture entitlement for eligible applicants.	<b>NONE</b> , or <b>Kit</b> ....., or <b>Items</b> Fridge, Freezer (Remote Areas), Washing Machine, Dining suite, lounge suite, book case, desk and chair				
Residence offered: Res No: ..... Owner:..... Owners Agent: .....					
Residence Address:					
Tenancy offered: Family / Single Share / Individual			Term: Periodic or Fixed Term .....Mths Date to:    /    /		
Response to request for pets to live at the residence property:					
Special Circumstances Response:					
Special Conditions of tenancy:					
Responsible Officer	Name:				
Signed:..... Date:        /        /					Check
Date of Offer to Applicant:        /        /		Accepted	Y / N	Date:        /        /	

<b>Privacy Statement – Employee Housing Application Form</b>
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1. The information on this form is collected for the purpose of determining your eligibility under Education Queensland’s Government Employee Housing Scheme, and the type of housing you would be most suited to.
2. Information on this form may be used for purposes directly related to your housing entitlement.
3. Information on this form may be disclosed to external parties:
  - a. For the purposes of managing your tenancy
  - b. For the recovery of any outstanding payments owing in relation to your tenancy such as rental arrears, or damage from your failure to return the property to its original condition (fair wear and tear exception)
  - c. Where authorised or required by law
4. All information needs to be up to date and accurate. Please notify us as soon as possible if there are any changes to your personal details/circumstances.
5. Please be aware that we keep both hard and electronic copies of information supplied, and that our internal stakeholders may also keep hard and electronic copies. All information is stored securely to prevent unauthorised use or disclosure.