



FOUNDATION HOUSING LIMITED
NRAS APPLICANT REGISTRATION

APPLICANT DETAILS

Applicant 1

Name: _____

Address: _____

Daytime Tel: _____

Date of Birth: _____ M F

Please indicate if anyone in the household is of the following descent:

Aboriginal Australian
Torres Strait Islander
Both of above
None of above

Please indicate the profession in which you are employed:

Key Worker

Child Care (Cert 3)
Retail worker
Clerical (Grade 1)
Transport (Grade 1)
Hairdresser
Mechanic (Level 1)
Other (please state) _____

Essential Worker

Police Officer (Constable)
Paramedic
Fire Fighter
Teacher (Graduate)
Nurse (Enrolled)
Nurse (Registered)

ID type
Passport Drivers License Number: _____

Country of Birth: _____

Do you have a disability: Y N
Do not wish to disclose

If yes, please detail: _____

Applicant 2

Name: _____

Address: _____

Daytime Tel: _____

Date of Birth: _____ M F

Please indicate if anyone in the household is of the following descent:

Aboriginal Australian
Torres Strait Islander
Both of above
None of above

Please indicate the profession in which you are employed:

Key Worker

Child Care (Cert 3)
Retail worker
Clerical (Grade 1)
Transport (Grade 1)
Hairdresser
Mechanic (Level 1)
Other (please state) _____

Essential Worker

Police Officer (Constable)
Paramedic
Fire Fighter
Teacher (Graduate)
Nurse (Enrolled)
Nurse (Registered)

ID Type
Passport Drivers License Number: _____

Country of Birth: _____

Do you have a disability: Y N
Do not wish to disclose

If yes, please detail: _____

*We are committed to providing housing on a transparent and non-discriminatory basis.
This information is for monitoring purposes only and will not affect your application status.*

HOUSEHOLD DETAILS

Household type:

Single Sole parent with child/ren Couple no children Couple with children

Sharers (unrelated adults living together)

Please list all other household members:

First Name	Surname	Gender		Date of Birth
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	
		M	F	

Please indicate the size of the property you are most likely to apply for:

One Bedroom Two Bedroom Three Bedroom Four Bedroom

Do you have pets: Y N If Yes please detail: _____

HOUSEHOLD INCOME

Please detail below your gross income for the previous 12 months immediately prior to today's date. Written evidence of income is required to be submitted with your application form.

Applicant 1

	Gross Weekly \$
Wages	
Centrelink payments	
Please list each payment type & \$	
➤	
➤	
➤	
Superannuation	
Maintenance or child support	
Other Income (eg workers comp)	

[Grey Box]

Applicant 2

Wages	
Centrelink payments	
Please list each payment type & \$	
➤	
➤	
➤	
Superannuation	
Maintenance or child support	
Other Income (eg workers comp)	

[Grey Box]

Other Household Members

Name:

Wages	
Centrelink payments	
Superannuation	
Maintenance or child support	
Other Income (eg workers comp)	

[Grey Box]

Name:

Wages	
Centrelink payments	
Other	
Superannuation	
Maintenance or child support	
Other Income (eg workers comp)	

[Grey Box]

Total Weekly Gross Household

[Grey Box]

RENTAL REFERENCES

3 Rental References:

Please provide contact details of people who can provide reference to your character as a Tenant over the past 3 years. Please inform your referees that Foundation Housing may contact them.

Name:

Name:

Company:

Company:

Address:

Address:

Telephone Number:

Telephone Number:

Email:

Email:

Rental Period From: To

Rental Period From: To

Name:

Company:

Address:

Telephone Number:

Email:

Rental Period From: To

**Remember:
One reference must be for
your most recent
rental property.**

If you are unable to provide a rental reference, please detail why:

It is important the details of your application are true and accurate. A false declaration will result in the withdrawal of your application

Any information provided will be used solely for housing related purposes and will only be released in accordance with Foundation Housing Ltd Confidentiality policy.

Thank you for completing this registration form. If you are not eligible for NRAS housing, Foundation Housing will explain why. If you have not received a response within 14 days of posting this registration, please let us know by telephoning Sheila Shenton on 9422 0715 / 0417 965 451. Please return completed applications to:

NRAS Coordinator
Foundation Housing Ltd
131 Brisbane St
Northbridge WA 6003

For Office Use

Checked:

- | | | | |
|---|-----------|------|------|
| <input type="checkbox"/> Eligibility | eligible: | Yes | No |
| <input type="checkbox"/> NTD Check | Excellent | Good | Poor |
| <input type="checkbox"/> Reference 1 | Excellent | Good | Poor |
| <input type="checkbox"/> Reference 2 | Excellent | Good | Poor |
| <input type="checkbox"/> Reference 3 | Excellent | Good | Poor |
| <input type="checkbox"/> Pet check | | | |
| <input type="checkbox"/> Disability check | | | |
| <input type="checkbox"/> Language _____ | | | |
| <input type="checkbox"/> Allocation checklist completed | | | |
| <input type="checkbox"/> Allocation check list sent to owner | | | |
| <input type="checkbox"/> Applicant details added to approved waitlist | | | |
| <input type="checkbox"/> Property allocated | | | |
| <input type="checkbox"/> Tenancy file opened | | | |
| <input type="checkbox"/> Tenant demographic form sent to owner | | | |

if not eligible:

- Regret letter sent to applicant

	Current	Previous
Upper Income limit	\$ _____	\$ _____
Gross household income	\$ _____	\$ _____
To pay no more than	\$ _____ per week in rent.	
Family type (use NRAS criteria)	_____	
Bedroom preference	_____	