



Y13*

ANNUAL HOUSING APPLICATION REVIEW FORM **Y18***

PART A

1. Do you still want to be on the public housing waiting list?

- YES** Please continue completing the Form.
NO Please sign the declaration on page 4 and return this form to your local Department of Communities (Housing) office.

2. Your Details (changes can be made on PART B, page 2 & 3)

EARTHONAUT
 Name: Mr F Schnattler
 Home Address: 6/63 SWAN STREET TUART HILL WA 6060 ✓
 Postal Address: 6/63 SWAN STREET TUART HILL WA 6060 ✓
 Email Address: www.BEENergy.at/news/housing
 Home Phone: _____
 Mobile: _____
 Date of Birth: 5 November 1958

3. ~~Next of Kin Details~~

Name Contact phone number

4. ~~Advocate Details~~

Name Contact phone number

5. Household Details

Title	Name	Sex	Date of Birth	Relationship
MR	Franz Schnattler	M	5 November 1958	Main Applicant/Head Tenant

6. Zone/Country Town Requested: Northern Districts ✓

* Y18-Y13 = Y5; i.e. five (5) years will have passed on Y18-Day 100 since the application was made. Some academics REALLY win their qualifications in the lottery, but not based on skills, knowledge, experience and webbing. SEE also, www.BEENergy.at/news - S.L.A.P. - Scientific Land Allocation Policy! - End of written SEENergy -

7. Would you like to be/remain on the joint wait list for community housing?

YES If YES you will widen your housing choices.
If YES you are giving consent for relevant personal details to be provided to
Community Housing Organisations.

NO

8. Eligibility Questions

a. Do you, your partner and/or co-applicant/s currently own or are buying land or housing?

YES Address _____ Postcode _____

NO

b. Are you, your partner and/or co-applicant/s still within the Department of Communities
(Housing)'s income limits? (see last page)

YES

NO Please provide current income details for yourself, your partner and/or co-applicant
to enable the Department of Communities (Housing) to check your eligibility has
been assessed correctly.

c. Are you, your partner and/or co-applicant/s still within the Department of Communities
(Housing)'s asset limits? (see last page)

YES

NO

d. Do you have a debt from a previous public housing tenancy?

YES Debt must be paid before further public housing assistance can be provided. If you
do not have a payment arrangement in place, please contact your local Department
of Communities (Housing) office.

NO

9. Are you currently renting accommodation in the private market?

YES When does the lease expire? Salvation Army Housing
NO Periodic Tenancy, 60 Days
Notice

10. Are all of the above details correct?

YES Please sign the declaration on page 4 and return this form to your local Department
of Communities (Housing) office.

NO Please complete PART B of this form.

PART B - Specify any changes to your details or circumstances below

NO CHANGES

11. Your current details

Name: _____

Home Address: _____

Postal Address: (if different from above) _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

12. Advocate details

Organisation: _____

Name: _____ Contact phone number: _____

13. Next of Kin or alternative contact person

Name: _____ Contact phone number: _____

14. Zone/Country Town Requested (one zone only) _____

15. Do you need to add any more householders to your application?

Please attach proof of identification documentation for all householders added to your application. For children, please attach supporting documentation showing you have access arrangement equalling approximately 50% of the time or more.

Provide proof of income for any person you are adding as a partner or co-applicant.

Name	Sex	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Do you need to remove any householders from your application?

Name	Sex	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Does any member of your household have a disability which may impact on their housing needs?

YES Please complete the **Disability Information Form** if you have not already submitted one.

NO

18. Does any member of your householders have a medical condition that may impact on their housing needs?

YES Please complete the **Medical Information Form** if you have not already submitted one.

NO

19. Please advise if there are any changes to your circumstances.

Example: pets, change of employment, support needs, need to be close to transport

2) SOLARENERGY CAPABLE ACCOMMODATION = ROOF

Please return this form in the supplied envelope or in person at a Department of Communities (Housing) of office within **14 days.**

MUST ALLOW FOR THE INSTALLATION of PHOTOVOLTAIC + Solar Hot Water Systems.

I have NO CAR nor MOTORBIKE

DECLARATION (tick applicable)

I/We declare that I/we no longer wish to be on the Public Housing waiting list and would like for my/our application to be withdrawn.

I/We declare the information provided in this review is true and correct to the best of my/our knowledge. I/We understand that if any income or asset details have been left out, or if incorrect information has been supplied, the Department of Communities (Housing) may withdraw my/our application from the waiting list. I/We understand that my/our application may be withdrawn from the waiting list for wilfully giving false information.

Signed: Earthonaut Franz
Friedrich SCHNATTLER

Date: *Y18-0440
17:00

Signed: _____

Date: _____

Signed: _____

Date: _____

*www.BEENergy.at/seenCALENDAR

OFFICE USE ONLY

Updated via Re-Registration

Previous tenancy debt checked and a payment arrangement in place (if applicable)

UPDATED BY (NAME)

DATE