

SOCIAL HOUSING TENANCY APPLICATION – Part 1

Winton Shire Council (Council) Human Services Quality Framework (HSQF) personnel will process this application once ALL details have been completed and copies of the required supporting documentation has been provided to Council.

TYPE OF ACCOMMODATION APPLYING FOR

Aged	☐ 1-Person ☐ 2-Person	Youth	☐ 1-Person
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Council have provided me a copy of the Social Housing Tenancy policy/procedure?
 Note: The Applicant must meet the criteria set out in the policy/procedure for the accommodation type of which they are applying for. ☐ Yes ☐ No

PERSONAL DETAILS

Surname:		Given Name:	
Current Address:			
Date of Birth:		Phone Number:	
Email:		Drivers Licence No:	
Do you have a Pet?	☐ No ☐ Yes If yes - please complete Part 2 of this form.		

NEXT OF KIN

Surname:		Given Name:	
Relationship:			
Address:			
Phone:		Email:	

CURRENT TENANCY DETAILS

Length of time at current address:	
Reason for leaving:	
Name of Landlord / Agent:	

PREVIOUS RENTAL HISTORY

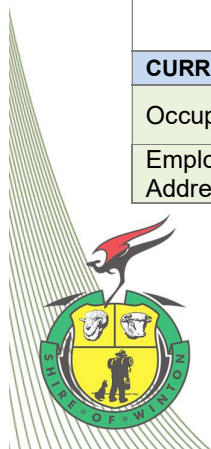
Previous Address:	
Length of time at above address:	
Name of Landlord / Agent:	
Was the bond refunded in full:	☐ Yes ☐ No
If No, please specify reasons why:	

CURRENT EMPLOYMENT DETAILS (If Applicable)

Occupation:		Current Employer:	
Employer Address:		Length of Employment:	

PRIVACY NOTICE: Winton Shire Council is collecting the personal information you supply on this form for the purpose of processing the application. Your personal details will not be disclosed to any other person or Agency external to Council without your consent unless required or authorised by law.

Phone 07 4657 2666
 Fax 07 4657 1342
 Email ceo@winton.qld.gov.au
 Address PO Box 288
 Winton, QLD, 4735



Contact Name:		Phone Number:	
SELF EMPLOYMENT DETAILS (If Applicable)			
Business Name:		Business Type:	
Position Held:		ABN:	
Contact Name:		Phone Number:	
INCOME (If Applicable)			
Net weekly employment income:			
Source of other income:			
Other source income (weekly):			
STUDENT INFORMATION (If Applicable)			
Establishment Name:		Course Name:	
Course Length:		Student ID:	
Course Coordinator:		Contact Number:	
REFEREES			
Referee 1 Name:			
Relationship:		Phone Number:	
Referee 2 Name:			
Relationship:		Phone Number:	
PRIVACY DISCLOSURE STATEMENT / CONSENT			
Council is bound by the National Privacy Principles. Council collects personal information about you in this form to assess your application for residential tenancy purposes only. We may need to collect information about you from your previous landlords, current/previous employer, and your referees. If this application is successful Council may disclose your details to service providers relevant to the tenancy relationship i.e., maintenance contractors. You have the right to access personal information that we hold about you by contacting Council's Chief Executive Officer (CEO). If you do not complete this form or do not sign the consent below, your application may be rejected. I the Applicant acknowledge that I have read this Privacy Disclosure Statement. I authorize Council to collect information about me from previous Landlords/Agents and referees. I authorize Council to disclose the personal information collected about me to third parties including, contractors, other tenancy management agencies.			
Applicant Name	Signature	Date	
DECLARATION			
The Applicant, hereby offer to rent from Council under a lease to be prepared by Council. Should the Application be approved, I acknowledge that I will be required to pay the following amounts:			
Rent / week	\$	2-weeks rent in advance	\$
		Rental Bond	\$
I acknowledge that this application is subject to the approval of Council. I declare that all information contained in this application is true and correct and given of my own free will. I declare that I have inspected the premises and am satisfied with the current condition and cleanliness of the property.			
Applicant Name	Signature	Date	



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Please complete the sections below if you have a pet/s.

PET 1.

Type:		Housed:	☐ Inside ☐ Outside
Name:		Breed:	
Description: (Colour etc.)			
De-sexed	☐ Yes ☐ No	Age	

Type:		Housed:	☐ Inside ☐ Outside
Name:		Breed:	
Description: (Colour etc.)			
De-sexed	☐ Yes ☐ No	Age	

The Tenant acknowledges and agrees to the following terms and conditions:

- Council has agreed to permit pet/s at the Premises as specified in the Tenancy Agreement and this Pet Agreement.
- Any pet/s **other** than the approved pet/s specified in the Tenancy Agreement and this Pet Agreement must first be requested by the Tenant in writing, providing full details and then be approved by Councils Housing Officer.
- The Tenant shall be liable for any damage or injury whatsoever caused by the pet/s on the Property, whether they are the Tenant's pets or their guest's pets and regardless of their approval status.
- The Tenant accepts full responsibility and indemnifies the Landlord for any claims by or injuries to third parties or their Property caused by, or as result of actions by their pet/s or their guest's pet/s, and regardless of their approval status.
- The Tenant agrees to arrange for Flea Fumigation at the end of the Tenancy or at a time during the Tenancy as required or requested by Council to be carried out by a Company complying with Australian Standards.
- The pet/s are to be outside at all times, unless specified otherwise in the Tenancy Agreement or this Pet Agreement. Guide dogs are an exception.
- If the pet is a dog, the Tenant agrees to restrain or remove the dog from the premises for the duration of inspections arranged by the Agent with the required notice given.
- By signing below, you are only asking for approval of the above-mentioned pet/s to be accepted at the Property for which you are applying.

Note: Pet approval may be subject to specific criteria and must be complied with. Approval is NOT guaranteed.

If approved, you are required to, at the time of signing the Tenancy Agreement and associated paperwork, sign the below acknowledgment.

Applicant Name

Signature

Date _____

Office Only:

- ☐ Approved - This agreement now forms part of the Tenancy Agreement which includes the additional terms related to pet/s and the Tenant/s are now bound by this agreement.

- ☐
- Declined

Housing Officer Name _____ Signature _____



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