



Ecclesia Housing Ltd  
 PO Box 2725  
 North Parramatta NSW 1750

Phone: 02 9890 6500  
 Email: info@ecclesiahousing.org.au  
 www.ecclesiahousing.org.au

# Tenancy Application Form

Please be advised that this application will only be processed once all details have been completed and all copies of all supporting documents attached. Each applicant must submit an individual form.

Address/Area applying for \_\_\_\_\_

Single

Couple

Family

Other (please specify):  .....

Number of children: .....

## PERSONAL DETAILS

APPLICANT 1	APPLICANT 2
Full given name(s):	Full given name(s):
Surname:	Surname:
Current Address:	Current Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Drivers Licence No:	Drivers Licence No:
Do you hold permanent residency status in Australia: If yes, please attach evidence <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold permanent residency status in Australia: If yes, please attach evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you any of the following: Ageing (55 +) <input type="checkbox"/> Indigenous <input type="checkbox"/> Disabled <input type="checkbox"/>	Are you any of the following: Ageing (55 +) <input type="checkbox"/> Indigenous <input type="checkbox"/> Disabled <input type="checkbox"/>



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### CHILDREN LIVING WITH YOU

FULL NAME	DATE OF BIRTH

### PERSON TO CONTACT IN CASE OF EMERGENCY (not living with you)

APPLICANT 1	APPLICANT 2
Given Name(s):	Given Name(s):
Surname:	Surname:
Relationship:	Relationship:
Address:	Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:

### CURRENT TENANCY DETAILS

APPLICANT 1	APPLICANT 2 <input type="checkbox"/> (tick here if same as applicant 1)
Length of time at current address:	Length of time at current address:
Current weekly rent:	Current weekly rent:
Reason for leaving:	Reason for leaving:
Name of Landlord/Agent:	Name of Landlord/Agent:



### PREVIOUS RENTAL HISTORY 1

APPLICANT 1	APPLICANT 2 <input type="checkbox"/> (tick here if same as applicant 1)
Previous Address:	Previous Address:
Length of time at above address: From                      To	Length of time at above address: From                      To
Rent Paid:	Rent Paid:
Name of Landlord/Agent	Name of Landlord/Agent
Phone:	Phone:
Was bond refunded in full?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was bond refunded in full?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify why:	If no, please specify why:

### PREVIOUS RENTAL HISTORY 2 (if current tenancy is less than six months)

APPLICANT 1	APPLICANT 2 <input type="checkbox"/> (tick here if same as applicant 1)
Previous Address:	Previous Address:
Length of time at above address: From                      To	Length of time at above address: From                      To
Rent Paid:	Rent Paid:
Name of Landlord/Agent	Name of Landlord/Agent
Phone:	Phone:
Was bond refunded in full?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was bond refunded in full?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please specify why:	If no, please specify why:



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## CURRENT EMPLOYMENT DETAILS

APPLICANT 1	APPLICANT 2
Current Employer:	Current Employer:
Occupation:	Occupation:
Employer's Address:	Employer's Address:
Contact Name (payroll/manager or accountant if self employed):	Contact Name (payroll/manager <b>or accountant if self employed</b> ):
Phone:	Phone:
Length of Employment:	Length of Employment:

## PREVIOUS EMPLOYMENT (if current employment is less than six months)

APPLICANT 1	APPLICANT 2
Previous Employer:	Previous Employer:
Contact Name (payroll/manager or accountant if self employed):	Contact Name (payroll/manager or accountant if self employed):
Phone:	Phone:
Length of Employment:	Length of Employment:

## INCOME

APPLICANT 1	APPLICANT 2
Gross annual employment income:	Gross annual employment income:
Gross annual income from other sources: (e.g., Centrelink, Austudy, dividends etc):	Gross annual income from other sources: (e.g., Centrelink, Austudy, dividends etc):



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## ASSETS

APPLICANT 1		APPLICANT 2	
Type of asset	Value	Type of asset	Value



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## REFEREES

APPLICANT 1	APPLICANT 2
Business Referee:	Business Referee:
Relationship:	Relationship:
Phone:	Phone:
Personal Referee:	Personal Referee:
Relationship:	Relationship:
Phone:	Phone:

## YOUR CURRENT HOUSING

Tick any of the following that apply/describe your current housing condition and give brief details against each one ticked.

CURRENT HOUSING	EXPLANATION
Rent is too expensive <input type="checkbox"/>	How much is your weekly rent: \$
Housing is overcrowded <input type="checkbox"/>	
Poor state of repair <input type="checkbox"/>	
Unsatisfactory location <input type="checkbox"/>	
Too many stairs/no lift/no wheelchair access <input type="checkbox"/>	
Is your housing temporary or insecure? <input type="checkbox"/>	



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## REQUIREMENTS

Please provide details below of the type of housing requested. Please indicate the number of bedrooms required based on your household composition.

Number of bedrooms: 1  2  3

Does any family member have any special housing requirements which may influence your housing needs (e.g. a disability, medical condition, access to public transport, in-house support)? Y/N

If you have answered "yes" please give details .....

.....

Why do you wish to live in the area, eg family/friends, community attachments etc

.....

.....

Do you have pets? Y/N If so provide details.....

Do you or any member of your household have a connection with the Board of Directors, the Preference Shareholders or employees of ECCLESIA HOUSING?

Y/N

If "yes" give details.....

.....

How did you find out about ECCLESIA HOUSING?

.....

.....



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## APPLICANT DECLARATION

### APPLICANT 1

I declare that the information I have given on this form is true and correct. I understand that I may be asked to supply additional documentary proof in support of any statements I have made. I also acknowledge that ECCLESIA HOUSING may contact persons named in this application to verify information and/or seek references and that if I become a tenant at ECCLESIA HOUSING, I understand that I may be again asked to provide documentary proof at any time, upon request by ECCLESIA HOUSING. False or misleading information may lead to non-acceptance of an application and/or render the applicant ineligible to be housed or continue to be housed by ECCLESIA HOUSING.

Signed:.....

Name:.....

### APPLICANT 2

I declare that the information I have given on this form is true and correct. I understand that I may be asked to supply additional documentary proof in support of any statements I have made. I also acknowledge that ECCLESIA HOUSING may contact persons named in this application to verify information and/or seek references and that if I become a tenant at ECCLESIA HOUSING, I understand that I may be again asked to provide documentary proof at any time, upon request by ECCLESIA HOUSING. False or misleading information may lead to non-acceptance of an application and/or render the applicant ineligible to be housed or continue to be housed by ECCLESIA HOUSING.

Signed:.....

Name:.....





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## Evidence Requirements:

Documents which **MUST** be included with your application:  
Have you remembered to include and attach?

- Proof of residency/citizenship in Australia
- Proof of NSW Residency
- Last payslip showing end of financial year amounts, (if self employed, financial statement from an Accountant) If employment has changed the last payslip from each employer for the previous financial year
- Financial year tax assessment, showing gross incomes including any assets
- Current Centrelink Income Statement (if applicable)
- If you have a medical condition, a letter from your doctor giving details
- Copy of Drivers License (if applicable)
- Copy of Passport (if applicable)
- A rent statement from your current landlord if private statutory declaration signed by landlord

**THESE DOCUMENTS MUST BE PROVIDED OTHERWISE YOUR APPLICATION CANNOT BE PROCESSED.**  
***ALL HOUSEHOLD MEMBERS ABOVE 18 MUST PROVIDE THEIR INCOME DETAILS***

**Post documentation to:**  
Ecclesia Housing Limited  
PO Box 2725  
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**Deliver by Hand to:**  
Ecclesia Housing  
Suite 105, 18-20 Ross Street,  
Parramatta NSW 215

Email: [info@ecclesiahousing.org.au](mailto:info@ecclesiahousing.org.au)

Fax No. : (02) 9890 3522