



Application Form for the Hedland Aboriginal Home Ownership Program

Applicant

1. Either I or another adult household member is Aboriginal or Torres Strait Islander.
2. I understand that I will be required to sign a Residential Tenancy Agreement on acceptance into the program. Following this, I will pay the security bond payment (i.e. four weeks rent) and a Pet Bond of \$260, if applicable.
3. I understand that rent for my Hedland Aboriginal Home Ownership Program home must be paid at least two weeks in advance.
4. I will disclose all household income, whether it has increased or decreased, while participating in the Hedland Aboriginal Home Ownership Program.
5. I will advise my housing provider (Foundation Housing) and support services provider (Bloodwood Tree Association Inc.) if anyone moves into or out of my home within seven days.
6. I understand that I need to be employed or seeking employment or paid training.
7. I will ensure all school-aged children in the household attend school or training regularly.
8. I consent to my support provider obtaining my child's school attendance statistics from the school or the Department of Education.
9. I will engage with my support services provider on a regular basis and understand that failure to engage regularly may make me no longer eligible for the Hedland Aboriginal Home Ownership Program.
10. I will complete and return any documents given to me by my support services provider in a timely manner.
11. I will maintain my house to the standard of when I moved in.
12. I understand that the Hedland Aboriginal Home Ownership Program is time limited housing. The goal is to progress to home ownership or private rental.
13. Failure to comply with the above conditions may make me no longer eligible for the Hedland Aboriginal Home Ownership Program. If I am deemed no longer eligible, I understand and agree to vacate my Hedland Aboriginal Home Ownership Program home.
14. I understand the Hedland Aboriginal Home Ownership Program is also known as South Hedland Transitional Housing Program (by the Department of Communities).

The information contained within this application is true and correct, and I have not knowingly provided any false information.

APPLICANT'S SIGNATURE:	DATE: (dd/mm/yy)
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Part 1 – Applicant information

APPLICANT PERSONAL DETAILS

Mr	Mrs	Miss	Ms	Other		
Family Name			Given Names			
Male	Female	X (indeterminate/unspecified/intersex)				
Aboriginal or Torres Strait Islander		Yes	No			
Relationship status		Single	Married	De-facto		
Date of Birth		(dd/mm/yyyy)				
Phone			Mobile			
Email						
Address						
Postal Address						
State			Postcode			
How did you hear about the Hedland Aboriginal Home Ownership Program?						
Communities Website		Brochure	Employer	Newspaper	Radio	Family or friend
Social Media (Facebook/Twitter/Other)		Community	Service provider	Other		

Part 2 – Household member information

APPLICANT PERSONAL DETAILS

Mr	Mrs	Miss	Ms	Other	
Family Name			Given Names		
Male	Female	X (indeterminate/unspecified/intersex)			
Aboriginal or Torres Strait Islander		Yes	No		
Relationship status		Single	Married	De-facto	Child
Date of Birth		(dd/mm/yyyy)			
Phone			Mobile		
Email					
Alternate contact/Next of Kin					
Family Name			Given Names		
Phone			Mobile		
Email			Relationship		

OTHER HOUSEHOLD MEMBERS

Mr	Mrs	Miss	Ms	Other	
Family Name			Given Names		
Male	Female	X (indeterminate/unspecified/intersex)			
Aboriginal or Torres Strait Islander		Yes	No		
Relationship status		Single	Married	De-facto	Child
Date of Birth		(dd/mm/yyyy)			
Phone			Mobile		
Email					
School			Grade		

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

OTHER HOUSEHOLD MEMBERS				
Mr	Mrs	Miss	Ms	Other
Family Name			Given Names	
Male	Female	X (indeterminate/unspecified/intersex)		
Aboriginal or Torres Strait Islander		Yes	No	
Relationship status		Single	Married	De-facto Child
Date of Birth		(dd/mm/yyyy)		
Phone			Mobile	
Email				
School			Grade	

HOUSING DETAILS

What is your current living arrangement?

Public housing

Community Housing

Living with friend or relative

Other

Are you in a fixed-term tenancy? Yes No If Yes, Expiry Date ___/___/___

Years and months at current address Years ___ Months ___

Are you on the Department of Communities Waitlist? Yes No

Previous Address

HOUSING REFERENCE

If you were renting, please provide the name and phone number of previous owner/s

Name

Phone

Email

Address of rental property

Part 3 – Employment / Training

EMPLOYMENT / TRAINING STATUS (please complete applicable areas)

Employed or training (please complete applicable areas) Student
Soon to be employed Start Date ___/___/___ Soon to be in training Start Date ___/___/___

Employment Information

Full Time Part Time Casual Self Employed Apprentice

Occupation

Length of Employment Years ___ Months ___

Business/Employer Name

Contact Person/Referee (Manager/Payroll Officer)

Phone Mobile

Email

Address

Previous Employment Information

Business/Employer Name

Length of Employment Years ___ Months ___

Training Information

Full time Part Time Paid Training

Name of Training Institution

Length of Training Qualification Years ___ Months ___

Completion Date of Training Qualification ___/___/___ (dd/mm/yyyy)

EMPLOYMENT / TRAINING STATUS OF OTHER HOUSEHOLD MEMBERS

Employed or training (please complete applicable areas) Student
Soon to be employed Start Date ___/___/___ Soon to be in training Start Date ___/___/___

Employment Information

Occupation

Length of Employment Years ___ Months ___

Business/Employer Name

Contact Person/Referee

Phone Mobile

Email

Address

Previous Employment Information

Business/Employer Name

Length of Employment Years ___ Months ___

Training Information

Full Time Part Time

Name of Training Institution

Length of Training Qualification Years ___ Months ___

Completion Date of Training Qualification ___/___/___ (dd/mm/yyyy)

EMPLOYMENT / TRAINING STATUS OF OTHER HOUSEHOLD MEMBERS

Employed or training (please complete applicable areas) Student
Soon to be employed Start Date ___/___/___ Soon to be in training Start Date ___/___/___

Employment Information

Occupation

Length of Employment Years ___ Months ___

Business/Employer Name

Contact Person/Referee

Phone

Mobile

Email

Address

Previous Employment Information

Business/Employer Name

Length of Employment Years ___ Months ___

Training Information

Full Time Part Time

Name of Training Institution

Length of Training Qualification Years ___ Months ___

Completion Date of Training Qualification ___/___/___ (dd/mm/yyyy)

Part 4 – Financial details

APPLICANT INCOME AND ASSETS

Salary or wages

Are you self-employed? Yes No

Income Type	Average Gross (Weekly)
Salary	
Training	
Investment	
Business/Trust	
Government Benefit	

Child Support Payments (maintenance payments for child, not Centrelink payments)

Paid By	For the Benefit of	Amount Paid	Amount Received

OTHER HOUSEHOLD INCOME EARNERS

Name	

DEBT

I have debt: Yes No

Applicant: _____

DEBTS (Please specify Total Amount owing on relevant debts)

Fines Enforcement \$

Housing Authority Debt: (Tenant Liability /Vacated Debt/Water) \$

Housing Authority Bond Assistance Loan \$

Credit Cards \$

Personal Loan \$

Car Loan \$

Utility bills outstanding (from previous private rentals/other properties)
– electricity, water, gas, other \$

Centrelink Debt \$

Tax Debt \$

Other Debts \$

DEBT (continued)

Applicant Partner:

DEBTS (Please specify Total Amount owing on relevant debts)

Fines Enforcement \$

Housing Authority Debt: (Tenant Liability /Vacated Debt/Water) \$

Housing Authority Bond Assistance Loan \$

Credit Cards \$

Personal Loan \$

Car Loan \$

Utility bills outstanding (from previous private rentals/other properties)
– electricity, water, gas, other \$

Centrelink Debt \$

Tax Debt \$

Other Debts \$

BANKRUPTCY (if relevant)

Are you currently bankrupt or have you filed for bankruptcy?

Yes No

If you answered yes, when did you file? ___/___/___ (dd/mm/yyyy)

Are you currently engaged in a debt agreement?

Yes No

If you answered yes, when was this approved? ___/___/___ (dd/mm/yyyy)

Part 5 – Assets

Do you own or are you currently purchasing any of the following?
Please select and provide information for all that apply.

House	Address
Land	Address
Other	Address

Part 6 – Pets

Type of pet

Breed of pet

Age of pet

Sex of pet

Part 7 – Returning your application form

Applications can be submitted via **email, post, or in person**. Please return this application form to Bloodwood Tree Association Inc. (at the email or postal address provided on the last page of this document) with these supporting documents:

Payslips from the past three months

Proof of identity documents – Applicant

Proof of identity documents – Other occupants over 18

Any other documents you wish to attach to support your application

Centrelink income statement

Prior to submitting your application, please retain a copy for your records. **Please do not post original documents.**

For more information, please contact:

✉ homecoordinator@bloodwoodtree.org.au  www.communities.wa.gov.au/transitionalhousing

Consent and Acknowledgment

Bloodwood Tree Association Inc. collects, uses and discloses your personal information in accordance with the Australian Privacy Principles of the *Privacy Act 1988*.

Collection, use and disclosure

You acknowledge that Bloodwood Tree Association Inc. (and any successors) may collect, use and disclose your personal information:

- For the provision of the Hedland Aboriginal Home Ownership Program to you and to implement program improvements
- Where required or authorised by law to do so
- To commercial agents for the collection of debts owed by you that are overdue
- To the Housing Provider
- To referees nominated by you
- To real estate agents as part of the assessment of rental application by you
- To trades people and those required to carry out maintenance
- To Centrelink if you are receiving benefits
- From any employers or lenders
- From schools to obtain school-aged children attendance records
- To the Housing Authority and Department of Communities.

If you do not provide full details and your household's consents

If you do not provide full financial, employment, and household details and arrange for all household members to sign the consents below we will not be able to assess your application.

Consent

By signing below, you consent to the collection, use and disclosure of your personal information for the purposes set out above.

Applicant:

_____	_____	___/___/___
Name	Signature	Date

Other adult household member:

_____	_____	___/___/___
Name	Signature	Date

Other adult household member:

_____	_____	___/___/___
Name	Signature	Date

Other adult household member:

_____	_____	___/___/___
Name	Signature	Date

Other adult household member:

_____	_____	___/___/___
Name	Signature	Date

Other adult household member:

_____	_____	___/___/___
Name	Signature	Date

It is important that Hedland Aboriginal Home Ownership housing applicants and household members understand the requirements for taking part in the Transitional Housing Program.

Find out more/Applications

For more information or to return application forms, please contact:

Bloodwood Tree Association Inc.

Email: homecoordinator@bloodwoodtree.org.au

PO Box 2099

19 Hamilton Road

South Hedland WA 6722

Phone: (08) 9138 3000

The Hedland Aboriginal Home Ownership Program Application Form must be completed and submitted before your application can be considered.