



# Blackall-Tambo Regional Council Council Housing Application Form

6 Coronation Drive  
PO Box 21  
BLACKALL QLD 4472  
Phone: (07) 4621 6600  
Fax: (07) 4657 8855  
Email: [admin@btrc.qld.gov.au](mailto:admin@btrc.qld.gov.au)  
Website: [www.btrc.qld.gov.au](http://www.btrc.qld.gov.au)

Date of Application: \_\_\_\_\_ Are you applying for a: Council House  Pensioner Unit   
Coolibah Village

(Note: Pensioner Units must qualify under the Council Housing Policy. Applicants must demonstrate a need and selection will be determined based upon this need.)

## APPLICANT DETAILS:

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time:  Part Time:  Casual:  Unemployed:

Smoker: Yes  No

## CONTACT DETAILS:

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## ADDITIONAL HOUSEHOLD MEMBER DETAILS:

### Member 1

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time:  Part Time:  Casual:  Unemployed:

Relationship to Applicant: Joint Applicant:  Spouse:  Dependant:  Resident:

Smoker: Yes  No

### Member 2

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time:  Part Time:  Casual:  Unemployed:



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Relationship to Applicant: Joint Applicant:  Spouse:  Dependant:  Resident:

Smoker: Yes  No

Member 3

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time:  Part Time:  Casual:  Unemployed:

Relationship to Applicant: Joint Applicant:  Spouse:  Dependant:  Resident:

Smoker: Yes  No

## HOUSING NEED DETAILS:

Please detail any difficulties you have with the current accommodation and why you would benefit from Council Housing.

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## HEALTH INFORMATION:

Do you have any special requirements that should be taken into consideration (special needs either physical or mental)?

Yes                      No                      (If yes, please specify):

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Will there be pets at the residence?              Yes              No              (Please specify the type and number of pets)

Pet Type: \_\_\_\_\_ De-sexed: Y/N    Registered: Y/N    If no; reason: \_\_\_\_\_

Pet Type: \_\_\_\_\_ De-sexed: Y/N    Registered: Y/N    If no; reason: \_\_\_\_\_

Pet Type: \_\_\_\_\_ De-sexed: Y/N    Registered: Y/N    If no; reason: \_\_\_\_\_

(If extra space is needed, please attach on a separate page)



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## **TENANCY HISTORY:**

Are you currently renting or have previously rented accommodation?    Yes    No

**Please provide a minimum of two (2) references** (can be from previous tenancies or character references; direct family members are not to be used as references):

### **References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever had a tenancy terminated?    Yes    No

If yes, please provide reasons why: \_\_\_\_\_

Do you and/or your spouse or any household members own, or part-own any time of home (house, flat, townhouse, manufactured, or transportable) in the BTRC region?    Yes    No

## **Income**

What is your current income    \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Type: \_\_\_\_\_  
gross amount & type  
(wages, pension, allowances    \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Type: \_\_\_\_\_  
family payments, interest etc.)



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## **Declaration and Consent:**

The Blackall-Tambo Regional Council is collecting personal information on this form to provide you with a council owned accommodation; this is authorised by the Housing Act 2003. Unless authorised or required by law, your personal information will be kept confidential and will not be passed on to any other third party without your consent.

I understand:

- the instructions given on this form and agree to the Privacy Notice above
- the information on this form will be used by the Blackall-Tambo Regional Council to register my application for housing
- as the applicant/s, I must advise the Council if any circumstances change regarding any household members listed in and that is relevant to this application
- upon submitting this application, I must provide at least two (2) references of previous tenancies or of my character

To the best of my knowledge, the information provided on this application is true and correct.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your eligibility for housing will be assessed based on the information and the supporting documentation you provide with this application. If your circumstances change at any time, please notify the Blackall-Tambo Regional Council within 28 days of the changes.