

SUCCESSION OF TENANCY APPLICATION



Please complete all details on this form. If you require assistance please contact the Evolve Housing office.

Your Details

1. Surname Mr/Mrs/Miss/Ms (Please Circle)			
2. First Name/s			
3. Address		Postcode	
4. Contact No. (Home)	(Mobile)	DOB	/ /
5. If available, please provide your current Housing Pathways T-Reference Number			T -

Name/s of the current Tenant on the Lease:

Relationship to Tenant:

Household Members

Please provide proof of income for applicant and all residents 18 years and over.

Name	Sex	Date of Birth	Relationship to You	Centrelink CRN No./ Weekly Income

Application

Reason for the application: (Please provide relevant supporting documents - i.e death certificate, divorce and custody papers)

Signature: _____ Authorised by: _____



Providing innovative housing services and solutions to those most in need.
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Affordable Community Housing Limited trading as Evolve Housing. ABN: 16 127 713 731

Housing Preferences

11. Please select your *LGA preferences for Community Housing

Tick individual *LGA Areas OR If you prefer all of the areas simply tick ANY AREA

*LGA refers to the local government area and all the suburbs within that region. E.g. Padstow and Greenacre are suburbs within the Bankstown LGA

ASHFIELD LGA	<input type="checkbox"/>
AUBURN LGA	<input type="checkbox"/>
BANKSTOWN LGA	<input type="checkbox"/>
BAULKHAM HILLS LGA	<input type="checkbox"/>
BLACKTOWN LGA	<input type="checkbox"/>
BURWOOD LGA	<input type="checkbox"/>
CAMPBELLTOWN LGA	<input type="checkbox"/>
CANTERBURY LGA	<input type="checkbox"/>

FAIRFIELD LGA	<input type="checkbox"/>
HOLROYD LGA	<input type="checkbox"/>
HURSTVILLE LGA	<input type="checkbox"/>
LIVERPOOL LGA	<input type="checkbox"/>
PARRAMATTA LGA	<input type="checkbox"/>
PENRITH LGA	<input type="checkbox"/>
RYDE LGA	<input type="checkbox"/>
STRATHFIELD LGA	<input type="checkbox"/>

ANY AREA	<input type="checkbox"/>
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12. What are your current living arrangements?

<input type="checkbox"/> Privately Rental Household	<input type="checkbox"/> Community Housing	<input type="checkbox"/> Housing NSW (Public)
<input type="checkbox"/> Refuge or hostel	<input type="checkbox"/> Family and Friends	<input type="checkbox"/> Homeless
<input type="checkbox"/> Other (Please Specify) _____		

13. How long have you lived at your current address?

14. Do you have any special requirements in the layout or type of your accommodation? Yes No

If Yes, please provide details, as well as supporting documents (e.g. Medical certificate stating an inability to use stairs)

Change of Circumstance

15. Please provide evidence for any changes that have occurred since submitting your application. These changes may include births within the family, additional people, change in emergency contact, change in income or medical conditions. Please declare these changes within this form and include supporting documents e.g.

- Proof of ID - birth certificate; Medicare; Passport; Citizenship papers
- Proof of Income - current payslips and/or Centrelink statements
- Medical reports and certificates

Applicant Declaration

To the best of my knowledge, the information I have given on this form is true and correct. If any information provided is misleading or incorrect, I am aware that this may result in immediate withdrawal of my Affordable Housing Application.

Signature..... Date.....

Evolve Housing is committed to respecting and protecting the privacy and rights of individuals in relation to their personal information. Our Privacy Policy outlines how we collect, use, store, and disclose information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Please refer to our Privacy Policy on the Evolve Housing website if you would like more detailed information. You may also request a copy of the Privacy Policy from any Evolve Housing employee.



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