6 Tarleton Street
HAMILTON   Tasmania   7140

Phone: (03) 6286 3202
Fax: (03) 6286 3334

APPLICATION COUNCIL RESIDENCE

To:
| Central Highlands Council |
| 6 Tarleton Street |
| HAMILTON TAS | 7140 |

Applicant One:

To be completed by the person who will become the lease holder:

Surname: (Mr/Mrs/Miss/Ms Other)

Given Names:

Contact address:

Phone:

Date of Birth:

Drivers Licence No.:

Marital Status: Single/Married/Defacto/Separated/Divorced/Widowed

Are you bankrupt or a discharged bankrupt or have you applied for bankruptcy? Yes/No

If yes, please provide Bankrupt No. ……………………..

Applicant Two:

To be completed by any person who is going to be a joint lease holder *(eg husband, wife, defacto, partner):*

Surname: (Mr/Mrs/Miss/Ms Other)

Given Names:

Contact address:

Phone:

Date of Birth:

Drivers Licence No.:

Marital Status: Single/Married/Defacto/Separated/Divorced/Widowed

Are you bankrupt or a discharged bankrupt or have you applied for bankruptcy? Yes/No

If yes, please provide Bankrupt No. ……………………..

Other Household Members:

Please provide details of all other people who will live in the home you are allocated *(eg dependant children, carers):*

Full Name	Title	Sex	Date of Birth	Relationship to Applicant 1	Country of Birth

Supporting Documents
PLEASE PROVIDE WITH YOUR APPLICATION

Proof of Identity:

Drivers Licence, Birth Certificate.

References

Please provide copies of 3 references from previous landlords to support your application

Declaration

I / We state that the information provided in this application is true and correct in every detail and acknowledge that providing false information would be grounds to cancel the application or end any tenancy arising from it.

Applicant 1	*Applicant 2*
Witness	*Date*

Please Note

The information you have provided will be treated confidentially and will be used to assess your eligibility for rental housing. You will have access to any information you have provided to make sure that it is accurate, and to correct it if necessary.