



Australian Government

Department of Defence

**Royal Australian Air Force
Veterans' Residences Trust**

Ground Floor, Building L474
Thorn Circle
RAAF Williams
LAVERTON RAAF Vic 3027

Tel: 03 925 60002
Fax: 03 925 60004

APPLICATION FOR TENANCY (W)

(Must be accompanied by Certificate of Service and Marriage Certificate (where applicable))

SERVICE AND FAMILY DETAILS:

Service Details:

Name

Service No

Period of Service

Discharge Certificate No

Nature of any Disability

(i) War Caused

(ii) Non war-caused

Family Details:

Applicant - Married or Single

Age **Phone**

Email

Occupation

Employer

Spouse **Name**

Age **Phone**

Email

Employer (if any)

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ASSESSMENT SECTION

Are you in receipt of assistance from any Welfare Agency, other than Centrelink, Department of Veterans Affairs or Government Bodies? If so, state weekly amount.

..... \$ per week
 \$ per week
 \$ per week
 \$ per week

Name (Surname and Full Christian Names)	Date of Birth	Occupatio n	Name and Address of Employer	Gross Wages, Salary or Income / week
<u>Wife:</u>				\$

State amount of weekly deductions for Income Tax, Superannuation, or Insurance.

Deduction For; **\$**

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If any other person is residing with your family, please give particulars below: -

Name	Relation to Applicant	Amount Contributed for Board & Lodging	Why is it essential that these persons be accommodated

Do you or your spouse own a house or any land? If so, state location and value.

..... \$
..... \$
..... \$

What other assets do you possess? (State value of shares, bonds, or money in the Bank held in your own, or your spouse's name).

..... \$
..... \$
..... \$

War or Service Pension received by the Applicant (Weekly Rate) \$

Other War or Service Pension received by Household (Weekly) \$

Centrelink Benefits received by the Household (Weekly Rates) \$

Superannuation or Pension received by the Household (Weekly) \$

Employer:

Weekly Salary \$

Other Income \$

TOTAL \$

Other Income of Applicant's Household (List particulars)

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LIABILITY SECTION

Indicate amounts currently owing as under :-

To Superannuation or Insurance \$

To Current House-keeping Traders (Butcher, etc) \$

Moneys owing on Mortgage or similar \$

Total amount owing for Rent \$

Total amount owing to Hospital, Chemist or Doctor ... \$

HIRE PURCHASE OR TIME PAYMENT

Full details of all hire purchase, time payment and mortgage accounts must be shown below. If you have none of them, show "Nil" below.

Name of Firm	Items Purchased	Date of Purchase	Original Price	Weekly Payments	Arrears	Balance Owing Including Arrears
			\$	\$	\$	\$

FINANCIAL COMMITMENTS NOT INCLUDED ABOVE

Date	Item	Creditor's Name & Address	Amount Owing
			\$

Accommodation at Present Occupied:

Give Details in Full (Flat, Rooms, House, etc.)

Weekly rental paid and any other moneys
Paid out by you, and not the Landlord for
the provision of this accommodation.

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\$
per week

DECLARATION BY APPLICANT

I of

do make this solemn declaration conscientiously believing the above statements to
be true in every particular.

SIGNATURE OF APPLICANT

