

Royal Australian Air Force Veterans' Residences Trust

Ground Floor, Building L474 **RAAF Williams** LAVERTON Vic 3028

Tel: 03 9256 0002/0003 Web: www.airforce.gov.au/rvrt

Email: raaf.vrt@defence.gov.au

APPLICATION FOR TENANCY

Please Note: Applications	must be a	occompanie	ed by Certificat	e of Service	e and Marria	ge Certific	ate (where applicabl	e).
APPLICANT DETAILS								
Applicant Full Name:								
Applicant Marital Status:								
Date of Birth / Age:								
Phone:								
Occupation:								
Employer:								
SERVICE DETAILS								
Name of Service Person:								
Relationship to Applicant:								
Service Type: (please tick)	RAAF		ARMY		NAVY		Foreign Allies	
Service Number:								
Period of Service:								
Discharge Certificate No.:								
Nature of any Disability:								
(i) War Caused:								
(ii) Non-War Caused:								
FAMILY DETAILS								
Partner's Name:								
Date of Birth / Age:								
Phone:								
Employer:								
Other family members who								
will be living with the								
Applicant:								

NEXT OF KIN								
Full Name:								
Relationship:								
Address:								
Phone:								
REASON FOR APPLICATION	N							
ASSESSMENT								
Are you in receipt of assistant Government Bodies? If so, st	ce from any Welt tate weekly amo	fare Agency, (unt.	other tha	an Centrelink, Department o	of Veterans Affairs or			
22.2on 200.00. Il 00, oldlo Hoolily diffound				\$ Per Week				
				\$ Per Week				
				\$ Per Week				
			\$	Per Week				
Name: (in full)	Date of Birth:	Occupation:		Name & Address of Employer:	Gross Wages, Salary or Income / week:			
Spouse:					\$			
Other:					\$			
					\$			
					\$			
					\$			

State amount of weekly deduction	s for Income Tax, Supe	erannuation, or Insurance.			
Deduction For:			Amount:		
			\$		
	\$				
	\$				
If any other person is residing with	your family, please giv	ve details below:			
Name:	Relation to Applicant:	Amount Contributed for Board / Lodging	Why is it essential that the person/s be accommodated?		
		\$			
		\$			
		\$			
Do you or your spouse own a hou	se or any land? If so, s	tate location and value:			
Location:			Value Amount:		
			\$		
			\$		
			\$		
What other assets do you possess	? (State value of share	e, bonds or money in the B	ank held in your own or your spouse's name)		
Assets: Amount:					
			\$		
	\$				
	\$				
War or Service Pension received by	\$				
Other War or Service Pension received by the Household (weekly rate)			\$		
Centrelink Benefits received by the	\$				
Superannuation or Pension received by the Household (weekly rate)			\$		
EMPLOYMENT					
Employer:					
Address:					
Phone:					
Weekly Salary:	\$				
Other Income:	\$				
TOTAL:	\$				

OTHER INCOME	OF APPLICANT'S	S HOUSEH	HOLD						
			\$						
			\$						
			\$						
			\$						
TOTAL			\$						
LIABILITY									
Indicate amounts	owing as per below	w:	Amount:						
To Superannuation	on or Insurance		\$						
To current house-etc.)	keeping traders (B	Butcher	\$						
Moneys owing to	Mortgage or simila	ır	\$						
Total amount owi	ng for Rent		\$						
Total amount owing to Hospital, Chemist and/or Doctor			\$						
Hire Purchase or Time Payment									
Full details of all h	nire purchase / time	e payment	& mortga	age accounts mus	t be shown below.	If you have none,	show "Nil" below.		
Name of Firm:	Items Purchased:	Date of Purchase):	Original Price:	Weekly Payments:	Arrears:	Balance Owing Including Arrears:		
				\$	\$	\$	\$		
				\$	\$	\$	\$		
				\$	\$	\$	\$		
				\$	\$	\$	\$		
Financial Commit	ments not included	d above							
Date:	Item:		Creditor's Name & Address:				Amount Owing:		
			\$			\$			
			\$		\$				
							\$		
							\$		

ACCOMMODATION PRESENTLY OCCUPIED					
Give details in full (Apartment, House, Number of Rooms etc.) Weekly rental paid and any other moneys paid out by you (not the Rental provider) for the provision of your current accommodation.					
	\$	per week			
DECLARATION OF APPLICANT					
I, (name) of (address)					
do make this solemn declaration conscientiously, believing the above statement to be true in every parti	cular.				
SIGNATURE OF APPLICANT:					
REPORT SPONSORING AUTHORITY: (see below note)					

Note:

Sponsoring Authorities may be Serviceperson's Organisations, Legacy, Hospitals, State Aid Committees, Police, Church Authorities etc.

Sponsoring Authorities are asked to indicate in this section, the extent to which they have, on behalf of the Trust, carried out verification of the financial aspects of the application.

Privacy Notice: By completing this application form you are providing personal information to the RAAF Veterans' Residences Trust. Please refer to the RAAFVRT website via the link: www.airforce.gov.au/community/members-and-veterans-residences-trust for information on the RAAFVRT Privacy Policy.

Why do we require your personal information?

We require your personal information to:

- allow us to determine your eligibility for support in accordance with the requirements of the RAAF Veterans' Residences Act (Cth)
- provide information to third parties as authorised or required by law.

What if we didn't collect your personal information?

Without your personal information we would not be able to process your application.

How do we protect your personal information?

Your personal information is protected in accordance with the Australian Privacy Policy Guidelines.