

Njernda Aboriginal Corporation 84 Hare Street

Echuca Vic 3564
Phone: 03 54806 252 ***** Fax: 03 5480 6116

APPLICATION FOR HOUSING

Note:	All questions must be answered Please use block letters.						
Name of App	olicant:						
Present Resid	dential Address:						
	our spouse Aborigina Self: Yes / No rsons to be housed (trait Islander descen Spouse: elf)				
Surname	Given Name	Age	Relationship	Occupation	Gross Income (pw)		
Details of Pre	esent Accommodation	on:					
Name of Land	dlord:						
Present Rent	per week: \$		No of	Bedrooms:			
How long hav	ve you been living in	this resider	nce?				
Years			Months				

Have	you applied to:					
1)	Ministry of Housing NSW	YES / NO				
2)	Ministry of Housing Vic	YES / NO				
3)	Any other Aboriginal Organisation	YES / NO				
Are y	ou a member of this Corporation?	YES / NO				
(Pleas	Any Additional Information?: (Please include the reasons why the Njernda Aboriginal Corporation should consider your application ie: cost of private rental, number of children/family, location of current residence, condition of current residence or other reasons)					
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	Office Use Only	
Considered by:		
Position:		
Date Received:		
On waiting List:	YES / NO	
Reason if Declined:		