

**KARABAR HOUSING COOPERATIVE**

**APPLICATION FORM**

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| **DETAILS OF APPLICANT(S)** | | |
|  | Applicant 1 | Applicant 2 |
| Surname |  |  |
| Given Names |  |  |
| Current Address |  |  |
| Telephone/ Mobile |  |  |
| Email |  |  |
| Composition of Family (E.g. Single parent with 4 children; couple, etc.) |  | |
| Dependent children (under 18) living with you and need to be accommodated | Name: | Age: |
| Name: | Age: |
| Name: | Age: |
| Other persons to be accommodated. Reason. | Name:  Reason: | |
| At risk factors in current accommodation/Special Needs? (ie Need interpreter; ageing (60+); |  | |
| Length of time at current address |  |  |
| Current weekly rent |  |  |
| Name of Landlord |  |  |
| Current Type of Housing | Private Rental/Owned: □ | Private Rental/Owned □ |
| Family/Friends: □ | Family/Friends □ |
| Public/Community Housing: □ | Public/Community Housing □ |
| Other □ | Other □ |
| Reason for leaving |  |  |
| **PERSONAL DETAILS (\*evidence required)** | | |
| Age and DOB |  |  |
| Occupation |  |  |
| Employer |  |  |
| Period of Employment |  |  |
| Gross Weekly income (normal) |  |  |
| Other Income |  |  |
| Previous 5 years’ employment |  |  |
| Next of Kin (name & number) |  |  |

Signature of Applicant(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_