

**RENTAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **AMITY PLACE, REDCLIFFE** | **MARINA COURT, NEW FARM** |
| Number of units  | 24 | 38 |
| Address | 5 – 11 Downs Street, Redcliffe | 227 Moray Street, New Farm |
| Furnished | No | No |
| Bedrooms | 2 | 1 |
| Laundry | Yes | Yes 4 washing machines and 4 dryers shared |
| Bathrooms | Yes | Yes |
| Living Room  | Yes | Yes |
| Kitchen | Yes | Yes |
| Parking | Yes | Yes (limited) |
| Both facilities near public transport and within walking distance (1-2km) to supermarket, cafes, medical centres, chemist and parks |

**APPLICATION PROCESS**

1. Available units are advertised in the quarterly AWWQ Bulletin;
2. Once a unit is vacant AWWQ will accept applications from members via the Rental Application Form

(available by calling Head Office or downloading from [www.warwidowsqld.org.au](http://www.warwidowsqld.org.au));

1. All sections of the Rental Application Form must be completed and all required supporting documentation (outlined on the application form) must be provided.
2. Applications are reviewed on a needs basis by AWWQ and the successful applicant will be contacted.
3. A non-refundable deposit of $500 and 2 weeks rent is to be paid in advance
4. A rental contract must be signed

**RENTAL APPLICATION FORM**

section 1: personal details

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Family Name
 |  | 1. First Name
 |  |
| 1. Current Address
 |  |
| 1. Phone Number
 |  | 1. Email
 |  |
| 1. DOB
 |  | 1. Are you an AWWQ Member?
 | [ ]  Yes [ ]  No  |
| 1. Gold Card #
 |  |
| 1. Emergency Contact Name
 |  | 1. Relationship to you
 |  |
| 1. Contact Phone
 |  | 1. Email
 |  |
| 1. Which best describes your current living situation?
 | [ ]  Public housing [ ]  Owner-occupier[ ]  Private rental [ ]  Owner (not occupying)  |
| 1. Why are you leaving your current residence?
 |  |

section 2: financial details

|  |  |
| --- | --- |
| 1. Do you receive DVA Income Support Supplement (ISS)?
 | [ ]  Yes (Skip to section 3, question 17) [ ]  No  |
| 1. If you do NOT receive DVA’s ISS, please provide details about your personal financial position
 |
| Cash (on hand, in bank etc.) | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Superannuation | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Value of property you own | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | War Widows Pension | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employment Income (if applicable) | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Value of any shares or investments | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

section 3: rental plans

|  |  |
| --- | --- |
| 1. Which rental unit are you applying for?
 | [ ]  Amity Place, Redcliffe [ ]  Marina Court, New Farm  |
| 1. How long will you be renting from AWWQ?
 |  | 1. When would you like to move in?
 |  |
| 1. Do you own a car?
 | [ ]  Yes [ ]  No  | 1. Registration Number
 |  |
| 1. Do you require on-site parking?
 | [ ]  Yes [ ]  No  *(Cars not listed here are not approved for permanent on-site parking)* |
| 1. Have you ever been evicted by a lessor or agent?
 | [ ]  Yes [ ]  No  |

section 4: medical clearance: ***to be filled out by your Medical Practitioner (GP)***

Your patient is applying to live in the AWWQ rental units. As these units are for independent living, we require a medical clearance to ensure the safety of your patient and all tenants, as well as written confirmation **on your clinic’s letterhead.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medical Practitioner |  | Clinic name |  |
| Phone number of clinic |  | Email of clinic |  |
| Does the patient have any medical conditions that could prevent safe independent living? | [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If yes, how can we best support this applicant should their application be successful? |  |
| Medical Practitioner Signature |  | Date |  |

section 5: agreement

By signing below, I consent and agree to the following:

[ ]  AWWQ units are for independent living

[ ]  AWWQ units are single-occupant only

[ ]  If I become unable to live safely / independently, I will be unable to remain at an AWWQ rental unit

[ ]  If my application is accepted, I agree to pay a $500 non-refundable deposit

[ ]  Rental is payable 2 weeks in advance and increases are subject to annual review by the AWWQ Board

[ ]  The details in my application are true to the best of my knowledge

[ ]  I have read and understand AWWQ’s Privacy Statement

[ ]  AWWQ is committed to protecting your privacy. Information provided on this form will be maintained for the purposes of assessing suitability for subsidised housing, and for providing service and support to you. Further information may be collected over the phone, such as when you phone us for assistance. Your personal information is stored in our secure database and is never shared externally to AWWQ staff and Board Directors except as directed as a legal requirement. You may access your file by contacting our staff in writing by email or mail. E: reception@warwidowsqld.org.au or P.O. Box 13604, George Street Post Shop, Brisbane, QLD, 4003.If you have any questions regarding your privacy, please contact AWWQ Office on 07 3846 7706.

[ ]  AWWQ conducts regular inspections of all units with a minimum of seven (7) days of notice to tenants.

[ ]  AWWQ may contact your emergency contact person listed on this application if you require medical assistance or we are unable to contact you for an extended period. Please advise AWWQ if you will be away on a planned trip for an extended period of time.

|  |  |  |  |
| --- | --- | --- | --- |
| * + Applicant Signature
 |  | Application Date |  |

Send completed form, along with the documents listed below, to reception@warwidowsqld.org.au or by post to PO Box 13604 George Street Post Shop Brisbane QLD 4003

I have included the following with my application:

[ ]  Copy of ID (eg: Passport, Drivers License, Birth Certificate)

[ ]  Copy of DVA Gold Card

[ ]  DVA Income Support Letter (for applicants receiving DVA Income Support Supplement)