

## HILLS COMMUNITY AID – Rental Assistance Application

### HCA Information:

How did you hear about this program?	<input type="checkbox"/> HCA staff member	<input type="checkbox"/> HCA website	<input type="checkbox"/> HCA flyer
	<input type="checkbox"/> Family	<input type="checkbox"/> Friends	
	<input type="checkbox"/> Other _____		

### Contact Details:

Full Name:		Date of Application: __ / __ / ____	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Other	Date of birth: __ / __ / ____	
Phone number:	Email:		
Address:		Local Council:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated	Number of dependents: _____	
	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married		

### Demographic Information:

Country of birth:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> ATSI
Visa Type:	Date of Arrival in Australia: __ / __ / ____

### Housing/Household:

Housing Status:	<input type="checkbox"/> Public Rent <input type="checkbox"/> Private Rent	Number of people in household:
	<input type="checkbox"/> Other _____	____ adults ____ children

### Income/Employment:

Source of income:	<input type="checkbox"/> Nil <input type="checkbox"/> Centrelink <input type="checkbox"/> Wages <input type="checkbox"/> Self-employed
	<input type="checkbox"/> Savings <input type="checkbox"/> Other _____

### Assistance:

Assistance required:	<input type="checkbox"/> Rent <input type="checkbox"/> Bond <input type="checkbox"/> Moving Costs
Reason for seeking assistance:	
Applicant's signature:	

### Documents Required:

Email documents to: [support@hca.org.au](mailto:support@hca.org.au)

<input type="checkbox"/> Completed application form	<input type="checkbox"/> ID
<input type="checkbox"/> Income Statement/Payslips	<input type="checkbox"/> Current Rental Ledger
<input type="checkbox"/> Bank Transaction Listing (30 days)	<input type="checkbox"/> Account details for rent payment (if relevant)
<input type="checkbox"/> Rental agreement (if bond assistance required)	<input type="checkbox"/> Moving costs quotation (if relevant)

If applying for rent and/or bond assistance, please complete as much as you can of this fortnightly budget:

Fortnightly Income:	Applicant	Partner	Fortnightly Expenditure	Applicant + Partner
Wage/salary			Rent/board	
Parenting Payment			Insurance (house, contents, etc)	
Pension/benefit			Food, groceries, cleaning products	
Family Payment			Takeaway food	
Maintenance			Cigarettes, alcohol	
Other			Clothing, shoes	
<b>TOTAL INCOME:</b>			Pets	
			Gas	
			Electricity	
			Water	
			Mobile Phone	
			Internet/Home phone	
			Entertainment, recreation	
			Pay TV, Stan, Netflix, Spotify, Foxtel	
<b>Total Income:</b>			Gifts – birthdays, Christmas, etc	
<b>Total Expenditure:</b>			Child maintenance	
<b>Surplus:</b>			School Fees/ Expenses	
			Childcare Fees	
			Private health cover	
			Medical, dental, pharmacy	
			Car loan	
			Car registration	
			Car insurance, CTP	
			Car servicing, petrol, tolls	
			Public Transport	
			Fines	
			Centrelink Advance Repayment	
			Centrelink Debt Repayment	
			Rent to Buy	
			AfterPay, ZipPay, etc	
			Personal loan	
			Credit card	
			Life insurance, funeral plans	
			Personal spending	
			Lotto, etc	
			Other	
			<b>TOTAL EXPENDITURE:</b>	

**OFFICE USE ONLY**

Funding Program:

HHPI

HCARAP

CHRSL

Application No: \_\_\_\_\_