APPLICATION FOR RENTAL HOUSING

SHIRE OF WILLIAMS

WILLIAMS COMMUNITY HOMES

9 Brooking St
PO Box 96
WILLIAMS WA 6391

(08) 9885 1005

www.williams.wa.gov.au
shire @ williams.wa.gov.au

CASHIER HOURS
8:00am - 5:00pm
MONDAY - FRIDAY

ACCOMMODATION REQUIRED *(more than one box can be selected)*

JAM TREE LANE: 2 Bedroom Unit	☐	SANDLEWOOD COURT: 2 Bedroom Unit	☐
JAM TREE LANE: 3 Bedroom Unit	☐	WANDOO COURT: 2 Bedroom Unit	☐
NEW STREET: 1 Bedroom Unit	☐	OTHER: Shire Residential Housing	☐

APPLICANT

SURNAME:

GIVEN NAME: DATE OF BIRTH:

ADDRESS:

SUBURB: POSTCODE:

TELEPHONE:

OTHER RESIDENTS (IF APPLICABLE)

SURNAME:

GIVEN NAME: DATE OF BIRTH:

ADDRESS:

SUBURB: POSTCODE:

TELEPHONE:

RELATIONSHIP: ☐ SPOUSE / PARTNER ☐ CHILD ☐ FRIEND ☐ OTHER

DO YOU OR YOUR PARTNER OWN, OR PART OWN ANY PROPERTY OR LAND? YES ☐ NO ☐

ARE YOU OR YOUR PARTNER IN THE PROCESS OF BUYING LAND OR PROPERTY? YES ☐ NO ☐

HOW LONG HAVE YOU RESIDED IN WILLIAMS? ☐ YEARS ☐ MONTHS

PRESENT ACCOMMODATION

PLEASE DESCRIBE YOU PRESENT ACCOMMODATION.

DO YOU HAVE ANY SPECIAL REQUIREMENTS? eg, accessibility requirements etc

STATUTORY DECLARATION

I/We, _____

of, _____

(Address)

In the State of Western Australia do solemnly and sincerely declare that the details are in every respect true and correct, and I/We make this solemn declaration be virtue of Section 106 of the Evident Act of 1906.

Declared at _____

Dated the _____ day of _____ 20 _____

APPLICANT/S SIGNATURE **APPLICANT/S SIGNATURE**

Before Me

NAME / POSITION **SIGNATURE**

OFFICE USE

DATE RECEIVED. _____ DATE OF OCCUPANCY. _____

ELIGIBILITY CHECKED. _____ WEEKLY RENTAL. _____

APPROVED BY:

NAME / POSITION SIGNATURE