



APPLICATION FOR GOVERNMENT REGIONAL OFFICERS' HOUSING (GROH)

TENANT TO COMPLETE

New application: Yes Town you need accommodation in:

Relocation: Yes Address of existing GROH property:

Reason for requesting relocation:

NOTE: Relocation requires the approval of your Agency and the acknowledgement of the Communities Regional Manager.

YOUR DETAILS

Surname: _____ Given Names: _____

Previous Name (if applicable): _____

Gender: _____ Employee ID Number: _____

Date of Birth: _____ Position Title: _____

CONTACT DETAILS

Home Ph: _____ Work Ph: _____ Mobile: _____

Work Email Address: _____

Personal Email Address: _____

Existing Postal Address: _____

IMPORTANT: For the purposes of property management, your existing postal address will be provided to GROH. If you have any concerns regarding this, please advise your employer.

FAMILY AND DEPENDANTS

Number of people expected to be living with you in the GROH property:

Surname	Given Names	Gender	D.O.B.	Relationship to You	Employer (if applicable)

PAYING OCCUPANT

A paying occupant is a person who is not the GROH tenant or one of their dependants and who is making or intending to make payments in money or in kind in exchange for occupying a GROH tenant's' property. Do you intend on having a paying occupant living in your GROH property?

If so, have you completed the accompanying **Application for Approval of a Paying Occupant** form?

Yes No

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ELIGIBILITY

1. Are you currently a resident of this town? Yes No
2. Do you or your partner own or have an interest in a residential property in this town or within 50 km of this town? Yes No
3. Does your partner's employer provide them with accommodation or a rental subsidy? Yes No
- If you answered 'yes' to any of the above questions, complete the GROH Eligibility Policy Form on page 3.*

TENANCY DETAILS

Preferred accommodation: House Duplex Unit Number of bedrooms: Date required: / /

Preferred tenancy status: Family Couple Shared Non-shared

If shared, preferred age group(s): 20-25 26-30 31-40 over 40

I'm willing to share with: male female smoker pets

Is there anything else that needs to be considered with your application, e.g. medical conditions, other special requirements?

PETS (ANIMAL TYPE, SIZE, NUMBER)

FURNITURE

Do you require furniture? Yes, fully furnished Yes, some furniture No

If some furniture, what do you require?

Fridge Washing Machine Lounge Suite Dining Table with 6 Chairs Outdoor Table 4 Outdoor Chairs

CERTIFICATION

I certify that the above information is true and correct, and that I am liable for disciplinary action in the event of wilfully providing false information.

Your Name:

Date:

Signature:

/ /

If you complete this form electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form. GROH consents to you signing the form in the manner set out above.

I consent to GROH corresponding electronically with me about my tenancy in the abovementioned GROH property, and I will endeavour to keep any information supplied by GROH accessible and available at a later date:

Yes No

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GROH ELIGIBILITY POLICY FORM

Under the GROH Eligibility Policy, employees who have been recruited locally are not eligible for GROH accommodation, unless special circumstances exist which are supported by the employing agency and do not impede GROH's ability to target government resources to house government employees relocating to country WA.

Allocation of GROH accommodation is, however, at agency discretion, to be exercised in accordance with the Eligibility Policy's guidelines (sec. 9.1).

Accommodation will not be provided when the locally appointed employee or the employee's partner/spouse own accommodation in which they might 'reasonably reside' (as prescribed under s.28 of the GEH Act 1964) within commuter proximity (50km radius) to the employee's place of work.

Therefore, your residency in this town, or your residing in accommodation provided or subsidised by your partner's employer, or you or your partner's ownership or interest in any residential property, must be declared in this application. In addition, you will need to notify your employer and GROH immediately should your circumstances change.

1. If you are a resident of this town, what are your reasons for requesting GROH accommodation?

2. If you or your partner own or have an interest in residential property within 50 kilometres of your place of employment:

- a. What is the address of the property?
- b. What are the ownership details of the property?
- c. What are the reasons for which you cannot reside in the property?

3. If your partner's employer provides accommodation or a rental subsidy, please give details of this accommodation or subsidy.

In submitting this form I acknowledge that I have read and understood all of the above information relating to the GROH Eligibility Policy and that my declaration is true and correct. I understand that I am liable for my GROH tenancy or subsidised rental being withdrawn or other disciplinary action in the event of wilfully providing false information.

Signature:

Date:

/ /

If you complete this form electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form. GROH consents to you signing the form in the manner set out above.

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EMPLOYING AGENCY/ORGANISATION TO COMPLETE

PROPERTY TO BE OCCUPIED

Address:

Date agency/organisation requires the property to be available to be occupied: / /

Tenant Type: Family Couple Shared Non-shared

Property Reference:

I certify that this agency/organisation has the funding to pay the costs of this property, including any GROH fees (such as furniture where applicable)

Agency/Organisation:

Officer's Name:

Title:

Signature:

Date: / /

DEPARTMENT OF COMMUNITIES TO COMPLETE

PROPERTY DETAILS: COMPLETE AND ENTER IN TO HABITAT

Tenant Type: Family Couple Shared Non-shared

Property Reference:

Relocation endorsed (if applicable): Yes No

Date property ready for occupation: / /

Water Account created

Repairs Account created

GROH Furniture Fee added where applicable:

No rent account to be created for GROH properties.

Officer's Name:

Title:

Signature:

Date: / /