BHC'S QUESTIONNAIRE FOR PROSPECTIVE GLENALVA TERRACE TENANTS



Date:

App	licant's	Detai	ls
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First Name: Middle Name: Last Name:

Gender: Male Female Transgender Does not exclusively Gender not listed, please indicate

identify as male or female

Date of Birth: Home Ph: Mobile Ph:

Email:

Current Address:

Other applicants that will reside at same address

First Name: Middle Name: Last Name:

Gender: Male Female Transgender Does not exclusively Gender not listed, please indicate

identify as male or female

Date of Birth: Relationship to applicant:

Home Ph: Mobile Ph:

Email:

Third-Party Decision Maker

Does someone make decisions on your behalf (e.g. public trustee, enduring power of attorney? Yes No

Please provide details:

Name: Organisation (if applicable)

Phone: Mobile Ph:

Email:

Relationship to applicant:

Does BHC have your consent to contact this person on your behalf about this application? Yes No

Translating and Interpreting Service Phone: 131 450

Are you from a Non English Speaking Background? Yes No

Do you require an interpreter? Yes No If Yes, which language/dialect

Income Details

Estimated gross household income: /week OR /fortnight

Source of income: Wage Self-Employed Centrelink: DSP Newstart Other

Housing Requirements

Are you currently approved on the Housing Register with the Queensland Yes No

Government's Department of Housing and Public Works

Do you have a current lease? Yes No Date you will be available for housing:

GPO Box 544 Brisbane QLD 4001 p: 07 3307 3000 f: 07 3839 2000 www.bhcl.com.au

Housing Requirements (cont.)

Do you have a car? NB BHC has Limited Parking Yes How many cars do you have? creating liveable communities

Do you have any pets?

Yes Pet Details No

e.g. Dog/Breed/Age/Weight

Yes

Have you previously been housed with BHC?

Please list any disabilities or medical conditions you identify as having. This can include any physical, intellectual or psychiatric condition or disability.

Do you currently receive daily supports from someone other than your parents (e.g. support provider, treating doctor, hospital)?

Yes Nο

If Yes, from who do you receive support?

What is the nature of the support you receivie?

Do you currently live at the family home with elderly parents who provide care for you? Yes No

If No, where do you currently live?

Do you have any mobility problems e.g. are stairs an issue? No

In an emergency situation, will you need assistance to evacuate the premises? No

Other Details e.g. additional information you wish BHC to be aware of, copies of letters from support organisations

Please Provide:

Recent proof of your household's weekly gross income.

e.g. - Payslips (6 weeks) - Centrelink Payments - Proof of other income

A current copy of your approved Department of Housing Registration Letter (if applicable)

Your Department of Housing Waitlist Number (if applicable):

Copy of photo ID (e.g. Driver Licence, Adult Proof of Age Card, Passport)

acknowledge:

I/We have detailed full and accurate information; and

I/We have received and understood BHC Privacy Collection Statement (see attached)

Signed: Date:

Either enter digital signature or print/sign/scan

Please Return the following:

✓ This Questionnaire

By signing this document, I/We

✓ Proof of income

✓ Photo ID

✓ Approved Department of Housing Waitlist Letter (if applicable)

Post: Allocations Team - BHC

GPO Box 544, Brisbane Q 4001

allocationsteam@bhcl.com.au Email:

Fax: (07) 3839 2000

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At BHC, we respect your personal information and will treat it sensitively. Within the Operations Team we collect your personal information to assist us to perform our role of providing housing and related services. The following BHC Privacy Collection Statement outlines how we will deal with your personal information and how you can obtain further information about our Privacy Policy.

Privacy Collection Statement

Brisbane Housing Company Limited and our related companies may collect, use and disclose personal information about you. We collect personal information directly from you and may also collect personal information passively through our website.

We collect your personal information to facilitate our internal business purposes, for marketing and promotional purposes, to provide services and products to you, to perform statistical reporting and to comply with legal and regulatory requirements. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services you seek.

We may disclose personal information about you to our related entities and affiliated organisations and service providers who assist us in operating our business (for instance third party service providers and stakeholders). We are not likely to disclose your personal information overseas.

Our Privacy Policy (available on our website or on request) sets out how you can access and ask for correction of your personal information, how you can complain about privacy-related matters and how we respond to complaints.

For more information please visit www.bhcl.com.au/privacy/ or phone us on 3307 3000.