**Tertiary Accommodation Grants – Student Application Form**

**- APPLICATION FORM –**

**Personal Details**

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| --- | --- | --- | --- |
| **First Name:** |  | **Last Name:** |  |
| **Date of Birth:** |  |  |  |
| **Residential Address:** |  | | |
| **Postal Address:** |  | | |
| **Telephone:** |  | **Mobile** |  |
| **Email Address:** |  |  |  |

**Education details**

|  |  |
| --- | --- |
| **Name of Education Institute:** |  |
| **Degree/Course Name:** |  |
| **Intended Start Date:** |  |
| **Expected Duration of Course:** |  |
| **Student Number (If applicable):** |  |

**Bank account details:**

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**To be eligible, the course must be full time, not via correspondence or online and at one of the partnering Institutes:**

University of Sydney

**Program Eligibility Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Criteria** | **Evidence/Response** | **Office Use Only** |
| **1** | **Aboriginality** | I have attached evidence, in the form required by the Aboriginal Housing Office, Tertiary Accommodation Grants Operational Guidelines (the Operational Guidelines), that I am an Aboriginal or Torres Strait Islander person, being either a letter in the approved for from one of the following approved organisations:  *(see* [*http://www.aho.nsw.gov.au*](http://www.aho.nsw.gov.au) *for relevant forms and more information on proof of evidence)*  Aboriginal or Torres Strait Islander Association Incorporated under the Corporations (Aboriginals and Torres Strait Islander) Act 2006 (formerly the Aboriginal Councils & Associations Act 1976).  Local Aboriginal Land Council  Incorporated Aboriginal community organisation **OR**, if those forms of evidence are not available:  Statutory Declaration  A copy of all supporting documentation required under the Operational Guidelines must also be attached. |  |
| **2** | **16 Years or Older** | I am/will be 16 years or older at the commencement of the course:  Yes No |  |
| **3** | **Housing Stress** | I have attached a copy of information to substantiate that I am currently in housing stress (more than 40% of my gross income is spent on accommodation expenses).  Evidence of weekly rent payable (lease agreement or letter from landlord)  A payslip (if applicable)  Proof of Centrelink Income (if applicable) |  |
| **4** | **Pre and Post Survey** | I am willing to participate in a pre and post survey to assist the Aboriginal Housing Office to evaluate the program:  Yes No |  |
| **5** | **Evidence of Independent Living Arrangements** | I have attached evidence of an independent living arrangement:  A rental Bond Notice (in my name)  A lease agreement (in my name)  A letter from my landlord (in my name) |  |
| **6** | **Agreement to Program Conditions** | I have read the attached Tertiary Accommodation Grant Guidelines and agree to fulfil my requirements:  Yes No |  |
| **7** | **Statement of Claim** | I have attached a ‘Statement of Claim’ outlining the reasons why I should be considered for a Tertiary Accommodation Grant – No more than 600 words in length.  Yes No |  |
| **8** | **Referees** | **Referee 1.**  Name:  Contact number:  Relationship:  **Referee 2.**  Name:  Contact number:  Relationship: |  |

**To the best of my knowledge all the above information is true and accurate:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**