

Application for Accommodation

2a Brewster Ave, Mt Albert | Beth-Shean Accommodation Service



Beth-Shean Trust
house of safety... place of hope

Thank you for completing this form. We will reply to you within 1 week of receiving your application.

Name:	Date of Birth:	Ethnicity:
Current address:		
Cell-phone/landline/email:		
Your Key-worker and CMHC/GP:	Ph. No.	
Your CSW or PSW's name:	Ph. No.	
Other support people?		
Why are you interested in moving into this house?		
How long have you lived in your current accommodation? Why are you leaving?		
Previous accommodation, length of stay & reasons for leaving?		
Names & phone numbers of referees. (Prefer previous landlords or housing manager if possible)		
Is your income from wages, WINZ benefit or other? If a benefit, please give benefit number:		
Do you have a car or motor-bike?		
Do you have pets you would like to bring? Details please. (Sorry, no dogs.)		
Do you have any physical health issues, or special needs, or addiction issues?		
Any other information you would like to tell us?		

- *I declare that the information provided here is full and correct, and understand that failure to provide accurate information during the application process will result in the ending of my residency.*
- *I understand that this information will only be used to assess my suitability for the house. The storage, use and disposal of this information will be in accordance with accepted privacy standards.*
- *I give Beth-Shean staff consent to contact my referees & key-worker/support person for information about this application.*

Signed: _____ (applicant) **Date:** _____

Signed: _____ (Keyworker/CSW)

I would like to be added to a waiting list, if there is no current vacancy Yes / No

Return the filled form to: 46 Seaview Terrace, Mt Albert, Auckland 1025 or info@bethsheantrust.org.nz