



Mununjali Housing and Development Company Limited Housing Waiting List-Form 52

Date of Application: _____ Financial Member : Yes / No (if No cannot process)

Name: _____

Current Address: _____

Email Address: _____

Contact Via Facebook/ Messenger or other social Media: Yes / No _____

Contact Number: _____ Disability Required Yes / No

Returning for Health Reasons: Yes / No (Doctors report required) Returning Elder: Yes / No

Income level (Tick below)	Total number of people to be Housed	Total number of Indigenous People to be Housed	Number of Adults	Number of Female Children	Number of Male Children
<ul style="list-style-type: none"> • On Benefits • Employed • Pension • Other 					

Dwelling Required:

Unit 1 bedroom	
Unit 2 bedroom	
Unit 3 bedroom	
House 1 Bedroom	
House 2 Bedroom	
House 3 Bedroom	
House 4 Bedroom	
House 5 Bedroom	

Applicant Name: _____

Signed: _____ Date: _____

Staff Member: _____ Date: _____

You will be required to show evidence when you apply for a vacant premises that fits your eligibility e.g confirmation of Aboriginality, Income statements etc..

Office Use Only

Staff Member processing application _____ Sign: _____

Date input into Data Base : _____

Version 1: 1/9/2018