



## REGISTRATION OF INTEREST IN PURCHASING A HOUSING ACT HOME UNDER THE SALE TO TENANT SCHEME

Surname - Applicant 1	Given Names	Date of Birth:	Male/Female	Marital Status:
Surname - Applicant 2	Given Names	Date of Birth:	Male/Female	Marital Status:
Address - Applicant 1			Phone (H)	Phone (W)
Address - Applicant 2			Phone (H)	Phone (W)

Is any member of the family residing in the property of Aboriginal or Torres Strait Islander decent?  
*Please Tick*                      Yes       No

**Note: To be eligible to purchase, at least one of you needs to have achieved 3 years continuous tenancy to date as the tenant/s of a property owned by *Housing ACT*.**

How many years have you been a public housing tenant/s?				_____ years
Is your rent account up to date?	<i>Please Tick</i>	_____ Yes <input type="checkbox"/>	_____ No <input type="checkbox"/>	
Are you in receipt of rental rebate?	<i>Please Tick</i>	_____ Yes <input type="checkbox"/>	_____ No <input type="checkbox"/>	
Do you have any legal action pending in relation to your tenancy?	<i>Please Tick</i>	_____ Yes <input type="checkbox"/>	_____ No <input type="checkbox"/>	

**I/We confirm that the above information is true and correct to the best of my/our knowledge and I/we have read and understood the information contained in the Sale to Tenant Kit.**

Signature \_\_\_\_\_  
**Applicant 1      Date:    /    /**

Signature \_\_\_\_\_  
**Applicant 2      Date:    /    /**

\_\_\_\_\_  
Please print full name

\_\_\_\_\_  
Please print full name

The completed form can be delivered to Housing ACT as below;

**BELCONNEN**

Applicant Services Centre  
Nature Conservation House  
Cnr Emu Bank & Benjamin Way

Or mailed to;

**CANBERRA CITY**

City Health Centre  
1 Moore Street  
  
DROP OFF BOX ONLY

Housing ACT  
Locked Bag 3000  
Belconnen ACT 2617  
Attention; Sale to Tenant Scheme

**WODEN**

Phillip Health Centre  
Cnr Corinna & Keltie Sts  
  
DROP OFF BOX ONLY

**TUGGERANONG**

Canberra Connect  
Shop 17-21 Homeworld  
Reed St  
DROP OFF BOX ONLY