



# Housing NOW Expression of Interest Form

Applicant Name/s: .....

Application Number (if known): .....

Telephone Contact; ..... (h) ..... (w) ..... (mobile)

Email: .....

Current Support Worker (if applicable): .....

Phone Number: .....

Consent to Contact:  Yes  No

If you are interested in inspecting any of the properties that are available for allocation please nominate your preferred area in the box below.

Woden:  City:  Oaks Estate:  Belconnen

COMMENTS: .....  
.....  
.....

..... / ..... / .....  
Signature Signature Date  
Applicant 1 Applicant 2

This Expression of Interest can be delivered to Housing ACT as below;

BELCONNEN	CANBERRA CITY	WODEN	TUGGERANONG
Applicant Services Centre Nature Conservation House Cnr Emu Bank & Benjamin Way	City Health Centre 1 Moore Street DROP OFF BOX ONLY	Phillip Health Centre Cnr Corinna & Keltie Sts DROP OFF BOX ONLY	Canberra Connect Shop 17-21 Homeworld Reed St DROP OFF BOX ONLY

Or mailed to; Applicant Services Centre  
Locked Bag 3000  
Belconnen ACT 2617

Office Use Only;	
Housing Size/entitlement: .....	
Current category: .....	
Date of last POI statement: .....	