



# 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:

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

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

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

**BELCONNEN**

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

**CANBERRA CITY**

City Health Centre  
1 Moore Street  
DROP OFF BOX ONLY

**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

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: .....