

living in your GROH property?

Application for Government Regional Officers' Housing (GROH)

(GROTI)									
Tenant to Complete									
New application: Yes	Yes Town you need accommodation in:								
Relocation: Yes	cation: Yes Address of existing GROH property:								
Reason for requesting relocation:									
Note: Relocation requires the approval of your Agency and the acknowledgement of the Communities Regional Manager.									
Your Details									
Surname:				Given Names:					
Previous Name (if applicable	e):								
Gender:				Employee ID Number:					
Date of Birth:				Position Title:					
Contact Details									
Home Ph: Work Ph:				Mobile:					
Work Email Address:									
Personal Email Address:									
Existing Postal Address:									
Important: For the purposes of property management, your existing postal address will be provided to GROH. If you have any concerns regarding this, please advise your employer.									
Family and Dependant	ts								
Number of people expected	to be living witl	n you in the G	GROH prop	erty:					
Surname	Surname Given Names Gende		Gender	D.O.B.	D.B. Relationship to You		Employer (if applicable)		
Paying Occupant									
A paying occupant is a person who is not the GROH tenant or one of their dependants and who is making or intending to make									

payments in money or in kind in exchange for occupying a GROH tenant's' property. Do you intend on having a paying occupant

If so, have you completed the accompanying **Application for Approval of a Paying Occupant** form?

SD-243 1019

Yes No

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Tenant to Complete

Eligibility						
1. Are you currently a resident of this town?	☐ Yes ☐ No					
2. Do you or your partner own or have an interest in a residential property in this town or within 50 km of this town? $\prod_{Y \in S} Y_{CO} = Y_{CO}$						
3. Does your partner's employer provide them with accommodation or a rental subsidy? If you answered 'yes' to any of the above questions, complete the GROH Eligibility Policy Form on page 3.						
Tenancy Details						
Preferred accommodation:	Date required: / /					
Preferred tenancy status:						
If shared, preferred age group(s): \square 20-25 \square 26-30 \square 31-40 \square over 40						
I'm willing to share with: \square male \square female \square smoker \square pets						
Is there anything else that needs to be considered with your application, e.g. medical conditions, other	r special requirements?					
Pets (Animal type, Size, Number)						
Furniture						
Do you require furniture?						
If some furniture, what do you require?						
Fridge Washing Machine Lounge Suite Dining Table with 6 Chairs Outdoor	Table 4 Outdoor Chairs					
Certification						
I certify that the above information is true and correct, and that I am liable for disciplinary action in false information.	the event of wilfully providing					
Your Name:	Date:					
Signature:	/ /					
If you complete this form electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form. GROH consents to you signing the form in the manner set out above.						
I consent to GROH corresponding electronically with me about my tenancy in the abovementioned GROH property, and I will endeavour to keep any information supplied by GROH accessible and available at a later date:						
to keep any information supplied by GROH accessible and available at a later date:	F - 1 - 3/1					

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GROH Eligibility Policy Form

Under the GROH Eligibility Policy, employees who have been recruited locally are not eligible for GROH accommodation, except in extraordinary circumstances which are supported by the employing agency.

Allocation of GROH accommodation is, however, at agency discretion, to be exercised in accordance with the GROH Eligibility Policy.

Accommodation will not be provided when the locally appointed employee or the employee's partner/spouse own accommodation in which they might 'reasonably reside' (as prescribed under s.28 of the GEH Act 1964) within 50 kilometres travel distance by a dedicated road to the employee's place of work.

Therefore, your residency in this town, or your residing in accommodation provided or subsidised by your partner's employer, or you or

your partner's ownership or interest in any residential property, must be declared in this application. In your employer and GROH immediately should your circumstances change.	addition, you will need to notify				
1. If you are a resident of this town, what are your reasons for requesting GROH accommodation?					
2. If you or your partner own or have an interest in residential property within 50 kilometres of your pl	ace of employment:				
a. What is the address of the property?					
b. What are the ownership details of the property?					
c. What are the reasons for which you cannot reside in the property?					
3. If your partner's employer provides accommodation or a rental subsidy, please give details of this accommodation or subsidy.					
In submitting this form I acknowledge that I have read and understood all of the above information related and that my declaration is true and correct. I understand that I am liable for my GROH tenancy or substother disciplinary action in the event of wilfully providing false information.					
Signature:	Date:				
	/ /				

If you complete this form electronically, you will be taken to have signed this form by typing your full name, in lieu of signing your name, in the appropriate places above and you acknowledge and agree that this will be taken to indicate your approval of and intention to adopt the matters set out in this form. GROH consents to you signing the form in the manner set out above.

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Employing Agency/Organisation to Complete

Property to be Occupied								
Address:								
Date agency/organisation requires the property to be available to be occupied: / /								
Tenant Type:								
I certify that this agency/organisation has the funding to pay the costs of this property, including any GROH fees (such as furniture where applicable)								
Agency/Organisation:								
Officer's Name:								
Signature:				Date: / /				
Department of Communities to Complete								
Property Details: Complete and	d Enter in to Habitat							
Tenant Type:			Property Reference:					
Relocation endorsed (if applicable):			Date property ready for occupation: / /					
☐ Water Account created	Repairs Account created	d	GROH Furniture Fee added where applicable:					
No rent account to be created for GROH properties.								
Officer's Name:			Title:					
Signature:				Date: / /				

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