

EFHC Application Form

Strictly Confidential

	Applicant's Personal Details			
Name				
Address				
Phone number				
Email				
Date of birth				
Occupation				
Other Adult Occupant Details - if applicable				
Name				
Date of birth				
Occupation				
Relationship				

	List children living with you	
Name	Full-time /part-time	Date of birth

Current housing situation		
Are you currently registered with Housing Pathways?	Yes	No
Are you in private rental, with family or in public housing		
Do you or your partner have an interest in or own any property?	Yes	No
How many rooms do you need ?		

Participation		
Why are you interested in co-operative living?		
Describe any skills you (or your other occupant) have that could b	enefit th	e co-op.
Do you know anyone currently living in EFHC?	Yes	No
What is the gross annual income of your household? Please supply documentation - for rent review purposes.		

Re	eferences:
1.	Person to provide a personal reference (not a family member)
	Name:
	Relationship to applicant:
	Phone number:
2	Person to provide a rental reference - current or last landlard

2. Person to provide a rental reference - current or last landlord

Name:

How long have you/did you live at this property:

Phone number:

Declaration

I understand that this application is for the purpose of being considered for the waiting list of Extended Family Housing Cooperative Ltd and that the details provided are true and correct at the time that this form is submitted.

I undertake to inform the Co-op, prior to interview, of any changes in my circumstances that may effect my eligibility to apply and/or my accommodation requirements.

I understand that it is my responsibility to inform the Co-op of any change of address and contact details and that my failure to do so may effect my place on the waiting lis
Name:
Signature:
Date: