ABORIGINAL COMMUNITY HOUSING LTD.

Tika Tirka Student Accommodation Application

Full Name: _____

Preferred Name: _____

Identified Gender: _____

1. Eligibility Check

Tika Tirka quick eligibility check
Check your eligibility first by ticking boxes below:

Of Aboriginal or Torres Strait Islander decent?	☐
Between the age of 18 and 26?	☐
From a remote community or outer regional area?	☐
A current student, or enrolled to study at a university in Adelaide?	☐
In receipt of or eligible for ABSTUDY or similar?	☐

If you didn't meet all the eligibility criteria speak with someone at Student Services at your university to find out about other accommodation options.

If you have ticked **ALL** the boxes – that's great! Go ahead and fill out the form.

You will need to provide a scanned copy of the following with your application: one form of photo identification *or* two forms of other identification showing your date of birth.

Please indicate type of identification that you are providing:

One form of photo I.D:

Driver's License ☐   Proof of Age Card ☐   Student Card ☐   Passport ☐

or

Two forms of other proof of other I.D:

Birth Certificate ☐   Centrelink Card ☐   Medicare Card ☐   Bank Statement ☐

Credit or Debit Card ☐   Electoral Enrolment Card ☐

2. Applicant Information

Address:
Street Address or Community House Number

Town/Suburb/Community   *State Postcode*

Home Community/Language Group/Nation:
Community or group where you have a family connection.

Phone: _____ Email: _____

Date Of Birth: _____

4. Education

The following information is for the course you will be studying while residing at Tika Tirka

University: _____ Campus: _____

Course: _____

Have you enrolled in your course?   yes ☐   no ☐   If no, please answer question below:

Have you been accepted into a course?   yes ☐   no ☐

Contact Person at Student Services: _____

Phone: _____ Email: _____

If you do not have a contact name, include the enquiry phone number or email for the course, discipline or institution.

5. Previous Education

Name of School or Education Provider	Location	Level attained	Contact details if unable to provide a transcript

If known please include a referee from a previous education provider below

Referee Name: _____ Organisation: _____

Phone : _____ Email: _____

6. Housing History

List the addresses of where you have lived below

Address	Tenancy length in years and months	Type of Tenancy Owned/ Family/Sharing/ Single	Reason for Leaving

If you have a referee for a tenancy different from the referring organization, include their details below

Referee Name: _____   Organisation: _____

Phone : _____   Email: _____

7. Income

All earnings should be calculated per fortnight and earnings from wages and other sources are to be gross earnings, that is earnings before tax.

Centrelink income per fortnight in $ _____   Type of Benefit: _____

Other income per fortnight $ _____

Employer/Company Name: _____   Phone: _____

Please attach your latest ABSTUDY Income Statement and if applicable, a copy of your last two payslips from your employer, to support your application.

8. Disability

Do you have a Disability?   yes ☐   no ☐
If yes, please fill out the following

Are you supported by Disability SA or NDIS?   yes ☐   no ☐

Do you have a carer?   yes ☐   no ☐

Do you require housing modifications to live independently?   yes ☐   no ☐

Carer or Disability Provider: _____   Location: _____

Contact Name : _____   Phone: _____

Please provide details of the nature of your disability

_____

_____

9. Your Story

Talk about, your background, what this course will mean, how Tika Tirka can assist you achieve your aspirations. If you need more space include an extra page.

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10. Sports, Hobbies and Interests

Include here, how you like to spend your time when you are not studying or working. This can include everything from staying in touch with friends on social media, to watching sport, fishing, hunting, cooking, creating art, playing sport, skateboarding, even playing games and video games.

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11. Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

For the purposes of the assessment of my application only, I authorise Tika Tirka to discuss the information I have provided in this application and associated documents with people I have included in this application package. I also agree that Tika Tirka can reasonably verify any information I have provided with regard to my application.

Name: _____

Signature: _____   Date: _____