



1 bedroom - \$400 monthly
 2 bedroom - \$680 monthly
 3 bedroom - \$850 monthly
 Bond fee - 2 months rent

SAMOA HOUSING CORPORATION

APPLICATION FOR RENTAL PROPERTY

1	APPLICANT INFORMATION		
	Last Name	First Name	Drivers License #
	Birth Date	Mobile	Work Phone
2	MARITAL STATUS		
	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>
3	CURRENT ADDRESS (HOME OR WORK)		
	Village	Postal Address	Country
4	APPLICANT'S ASSETS		
	Freehold land & Residential	Location:	
	Residential/Customary land	Location:	
	Vehicle (make & model) if any	Year:	License#:
5	PURPOSE OF APPLICATION		
	Unit Size required: 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom <input type="checkbox"/> 4 bedroom <input type="checkbox"/>		
6	LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL DEPENDANTS/RELATIVES WHO WILL STAY WITH YOU		
7	EMPLOYMENT & INCOME INFORMATION		
	1 Occupation: First Applicant		Annual Salary :
	Employer/Company		Net per fortnight:
	2 Occupation: Spouse /Partner		Annual Salary :
	Employer/Company		Net per fortnight:
	3 Other Income Description		

8	REQUIREMENTS FOR ASSESSMENT OF APPLICATION		
	i) Bank Statement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	ii) Payslip	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	iii) Confirmation of Employment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	iv) Confirmation of other sources of income	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	OTHER INFORMATION		
	Should this application be approved by the Chief Executive Officer, I agree to the following :		
	1. Pay a fortnightly/monthly rental of \$..... To be paid direct from my bank account		
10	BACKGROUND INFORMATION		
	Have You Ever:		
	Filed for Bankruptcy?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Willfully or intentionally refused to pay rent when due?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Been evicted from a tenancy or left owing money?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please provide Property Name, Country, and Landlord Name			
11	EMERGENCY CONTACT		
	Name:	Phone: Relationship:	
	Name:	Phone: Relationship:	
12	I/We, the undersigned, certify that all information contained in this application is true and accurate		
	Signed:		
	Print Name:		
	Date:	Photocopy of Valid Identification YES <input type="checkbox"/> NO <input type="checkbox"/>	
13	FOR SHC OFFICE USE		
	Application received on :		
	Decision by Chief Executive Officer on:	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
	IF APPROVED		
	START DATE:	END DATE:	
	Prepared By	Checked By	
	Name:	Name:	
Signature:	Print:		
Designation	Designation:		