



Unit	Monthly rent
1 Bedroom	300.00
2 Bedrooms	500.00
3 Bedrooms	650.00

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:	