

ACT GOVERNMENT COMMUNITY RENTAL ACCOMMODATION: APPLICATION FORM FOR NEW APPLICANTS AND FOR SUBSTANTIAL CHANGES TO EXISTING APPLICATIONS

Enquiries Telephone 62130700

Please refer to the guidelines and checklist when completing this form.

Applicant:	
(individual or organisation; if organisation, then position in organisation and authority to apply on behalf of the organisation – evidence required)	
Contact Name:	
Address:	
Phone:	
Email:	
Type of applicant	
(refer to Guidelines)	
Is your organisation one of the following?	 Peak Organisation/Representative Group: (state if National/Regional/Local)

Chief Minister, Treasury and Economic Development Directorate • ACT Property Group

PO Box 777 Fyshwick ACT 2609 Phone: 62130700 | Fax: (02) 6213 0748

If an individual applicant, does your application fit into these groupings?	 General Community or Sporting Club Cultural/Heritage/Recreational Organisation: Service Delivery/Community Support Organisation: Community Advocacy Organisation: Other:
Are you a business? (Describe the nature of your business and proposed hours of operation. Include your ABN if you have one.)	
Proposed Use: (provide details of the activities to be undertaken, including hours of operation)	
Specific Requirements including square metres needed: (Provide details of any non-standard accommodation requirements. Please include items such as whole or part building, separate kitchen and toilet. Specific areas such as storage, office etc security needs.)	

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What is your preferred building type?	 Depot School Health Centre Other
Do you have Public Liability Indemnity Insurance? \$20 million	
Preferred locations: (Please tick.)	 South Canberra Belconnen Weston Creek Tuggeranong South Canberra Gungahlin North Canberra Woden Other
Do you or your organisation receive government funding? (Provide details of grants such as capital or recurrent grants and from which source.)	
If you receive funding for rent, provide the details here.	
Are you willing to share accommodation with a similar individual or organisation?	
Date: Signed: Please print name:	

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