



Housing Authority CUSTOMER AUDIT FORM

Applicant Details	Applicant 1	Applicant 2	Applicant 3
1. Surname			
2. First Name			
3. Relationship to applicant 1			
4. Marital Status			
5. Date of Birth			
6. TIN No			
7. FNPF No.			
8. FNPF Housing Eligibility			
9. FNPF Total Amount			
10. Postal Address			
11. Employer			
12. Self Employed			
13. Occupation			
14. Current Annual Salary			
15. Mobile No			
16. Work Telephone No			
17. Home Telephone No			
18. Email Address:			

Please attach latest 3 pay slips, latest FNPF Housing eligibility statement, latest bank statement, Marriage Certificate, Birth Certificate(s), and TIN Letter for eligibility assessment

19. Current Place of Residence

Details	Tick
Renting	
Family Home	
Squatter	
Government Quarters	
HART	
PRB	

Property Location _____
 Landlord Name _____
 Rent Amount (W/M) _____
 Landlord Telephone No _____

20. First Time Home Owner – YES / NO – Please circle.

If **YES** please do a statutory declaration and submit together with a property search confirmation from the Register of Titles office individually for all applicants. *(Please see attached statutory declaration form)*

If **NO** please provide the following information *(Documentary evidence must be provided as proof)*

Survey Ref of previous property: DP/SO _____ Lot _____ Location _____ Date Sold _____
 Reason for selling: _____

21. Have other immediate family members (father, mother, brother, sister, son, daughter) currently own or are buying a lot/property from Housing Authority? - YES / NO – Please circle.

If **YES**, please provide the following information:-

Immediate family member name/s - _____
 Survey reference of property - _____
 Property Location - _____



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22. Fiji Citizen – YES / NO – Please circle and provide evidence.(Voter ID/Passport)

23. When do you wish to start construction on your house? Please Specify:

24. Do you have a preferred HA House plan or you wish to have your design? Please Specify:

25. Existing Data Base Customer – YES / NO – Please circle. If YES, please fill information below

Registration Number	
Registration Date	

26. Financing & Equity Details – Please tick the appropriate box and fill in the equity amount

Lender	Tick	Equity Amount	Comment/Details
HA loan			
Bank Loan			
Cash (source details to be provided)			
Equity			
FNPF			
Own Cash			
Assistance from Third Party			

27. Declaration

I/We the undersigned declare that the information provided in this form are correct and true.

	Applicant 1	Applicant 2	Applicant 3
Full Name			
Signature			
Date:			

Please note that **Section 29 Housing Act Cap 267** states that: *Any applicant for assistance, whether by way of loan, guarantee or otherwise, who wilfully fails to disclose any material information within his knowledge, or who wilfully makes any statement which he knows to be false or does not believe to be true, shall be guilty of an offence and on conviction shall be liable to a fine not exceeding \$200 or to imprisonment for a term not exceeding 6 months, or to both such fine and imprisonment.*

Nuclear Family Details

Applicant 1

No.	Name	Relationship	Age	Residential Address
1		Father		
2		Mother		
3				
4				
5				
6				
7				
8				

Applicant 2

No.	Name	Relationship	Age	Residential Address
1		Father		
2		Mother		
3				
4				
5				
6				
7				
8				

Applicant 3

No.	Name	Relationship	Age	Residential Address
1		Father		
2		Mother		
3				
4				
5				
6				
7				
8				