

GENERAL

HEAD OFFICE
HOUSING AUTHORITY BUILDING
LOT 2 SAQA, PLACE
VALELEVU
P.O.BOX 5275,RAIWAQA
TEL: (679) 3387787

LAUTOKA HOUSING AUTHORITY BUILDING 14 TAVEWA AVENUE, LAUTOKA P.O.BOX 5640 TEL: (679) 6668717 LABASA FNPF BUILDING ROSAWA ST, LABASA P.O.BOX 1507 TEL: (679)8816717

Reference No:....

APPLICATION FORM (RAIWAI)

	a) To <i>A</i>	All Applicants Please write clearly on this application form. Any ch	nanges in your circumstances such as change in address must					
	 b) Who can apply? Married, Single parent, Single permanent worker and can go on direct deduction. Those who cannot do Direct Deduction to have a Guarantor. 							
	c) Who	 Those with a combined household income be o cannot apply? 	. ,					
		Under age, Unemployed and Applicants with salarie yearly	es under \$317 a week or above \$481 a week. – i.e. \$25,000+					
	•	has full rights to check relevant authorities to verify	information.					
	e) Nun	nber of Occupants per flat: i. 1-bedroom flat – 2 Adults and 2 Children.						
		ii. 2-bedroom flats – 2 Adults and 4 Children.						
2.	PERSONAL INF	ORMATION: compulsory						
	Surname	:						
	First Nam	ne :						
	Date of Birth	: Fathers Name:						
	Sex (M) (I	F) Marital Status: (Married/Single/Divorce) Ethnicity:					
	ADDRESS Home/Po	5: ostal Address:						
	Phone Co	ontact:Mobile Contact_						
	FNPF No:	E-mail Address:						
	Present E	Employer:						
	Employer	r's Address:						
		r's Phone/Contact:						
	Occupati	ion:Weekly Gross Income:	Year of Services:					
3.	CO – APPLICAN							
	Names: _	DOB: R	elationship to Applicant:					
	Phone Co	ontact: E-mail Address:						
	Present E	Employer:	Occupation					
	Employer	r's Address:						
	Employer	r's Phone Contact L	ength of Service:					

Weekly Gross Income :______FNPF No:______ TIN#:_____

4. OTHER FAMILY MEMBERS INFORMATION LIVING IN THE FLAT

Last Name	First Name	Date of Birth	Sex	Relationship	Working Yes/No. (Where)	Disable Person (s)	Weekly Gross Income	Phone Contact

		etermine the most suitable flat for al	• •	ure of disability for person(s) indicate	d in the table							
5.	APPLICA	APPLICANT'S HISTORY										
	a)	Present Landlords Name	Address	Phone Contact								
	b)	Why do you want to leave your pre	sent address?									
	c)	Give reasons for applying to Public	Rental Board?									
6.	a. b. c. d. e.	NT QUESTIONNAIRE Has applicant ever been sued for arr Has applicant ever been declared ba Has applicant ever been guilty of felo Has applicant ever been locked out of Has applicant ever moved owing ren Will the applicant be able to pay adva	nkrupt? YES/NO ony? YES/NO of their apartment by the own t or damaged property? YES/	NO								
7. <i>F</i>			•	nployer, creditors, neighbors and any	other sources							
	b. A	All information given is true, accurate	and complete to the best of A	pplicant's knowledge.								
	Pub	olic Rental Board reserves the right to	disqualify the application if in	formation is not as represented.								
	Арр	olicant's Signature:		Date:								

- Latest FNPF Statement
- Latest 6 months Bank Statement
- Latest Pay slip (3 months)
- Marriage Certificate
- Birth Certificate for all occupants
- Vaccination Cards for all occupants 18 and above
- Title Search for all above 18yrs
- Statutory Declaration of income for all above 18yrs or unemployed
- Salary Deduction from Employer
- Signed Guarantor form if unable to do direct deductions
- FNPF ID Card
- TIN letter/Joint Card
- Letter from Employer confirming your post.
- Passport Photo for all occupants
- Fees Breakdown:

	1 Bed Room	2 Bed Room
Deposit	\$792.00	\$888.00

Fees As of 1st January 2020

1.	Application fee to paid on Allocation of flat	\$20.00
2.	Notice Service Fees (Working Hours)	\$5.00
3.	Notice Service Fees (After Working Hours)	\$10.00
4.	Tenancy Agreement Renewal Fees	\$10.00

- 5. EFL Deposit \$80.00 minimum to \$120.00 maximum
 6. Maintenance Charges will be determined by whatever Maintenance Charges will be determined by whatever is been damaged by the tenants e.g. louvre blade, bulb holder,
- 7. Deposit and Advance rent will also be determined by the type of flat that is been allocated.

8. Household Inventory

DOUBLE BED	STEREO	TELEVISION	SKY DISH	Tin Cards	Bank Name	
SINGLE BED	SIDEBOARD	WARDROBE	FRIDGE	Pay slips	Account No.	
GAS STOVE	E/STOVE	D/TABLE	SETTEE	Declaration	Social Welfare	
DOUBLE BUNK	S/MACHINE	W/MACHINE	Vehicle	Bills	Car Registration	

9. Weekly Expenditure Assessment.

Food	\$ TOTAL INCOME	
Water Bill	\$ TENANTS	
EFL Bill	\$	
Telephone Bill	\$ OTHERS	
Education	\$ OTHER SOURCES	
Medical	\$ TOTAL INCOME	
Hire Purchase	\$ LESS EXPENSES	
Loan Repayment	\$ UNUSED INCOME	
Others – Fare etc.	\$	

10.	EOR	OFFICIAL	LICE

Processed by	Date
Endorsed by	Date
Approved by	Date
Remarks:	