



### APPLICANT INFORMATION

**Provider Name:**

**Provider Representative:**

**ABN:**

**Phone:**

**Email:**

**Street address:**

**Suburb:**

**State:**

**Post Code:**

### PROPERTY LISTING

(Please attach relevant supporting documents to the back of this form including a photo of each property)

**Supporting documents that should be included with your application:**

*(Please write 'yes' under the appropriate column and attach a copy to this form)*

**Property Name/Alias/Address**  
*(Please attach a photo of each property)*

**HACP Housing Agreement**

**HACP Head Lease Agreement**

**Other paperwork in relation to HACP**

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			



### REGISTRATION

**Current Registration Status** (tick one):

- My organisation is registered with the AHO.
- My organisation is SHAPE/CBS registered.
- My organisation is NRC registered.
- My organisation is NOT registered with the AHO, SHAPE/CBS or NRC

**Comments:**

### NOMINATED REPRESENTATIVES

Provider Representative Name	Phone/Mobile	Email

### SIGNATURE/S

I certify that the information provided in this application is complete and correct. I certify that I have read and understood the terms of the HACP EOI process.

<b>Signature of Provider Representative:</b>	<b>Date:</b>
<b>Signature of Provider Representative:</b>	<b>Date:</b>
<b>Signature of Provider Representative:</b>	<b>Date:</b>

### CONFIDENTIALITY

The Aboriginal Housing Office (AHO) acknowledges and agrees that it will comply with the *Privacy and Personal Information Protection Act 1998 (NSW)* in connection to any personal information created or held for the purpose of evaluating the Housing Aboriginal Communities Program, Expressions Of Interest.