



1 bedroom - \$400 monthly  
 2 bedroom - \$680 monthly  
 3 bedroom - \$850 monthly  
 Bond fee - 2 months rent

**SAMOA HOUSING CORPORATION**  
**APPLICATION FOR RENTAL PROPERTY**

<b>1 APPLICANT INFORMATION</b>		
Last Name	First Name	Drivers License #
Birth Date	Mobile	Work Phone
<b>2 MARITAL STATUS</b>		
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>
<b>3 CURRENT ADDRESS (HOME OR WORK)</b>		
Village	Postal Address	Country
<b>4 APPLICANT'S ASSETS</b>		
Freehold land & Residential	Location:	
Residential/Customary land	Location:	
Vehicle (make & model) if any	Year:	License#:
<b>5 PURPOSE OF APPLICATION</b>		
Unit Size required: 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom <input type="checkbox"/> 4 bedroom <input type="checkbox"/>		
<b>6 LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL DEPENDANTS/RELATIVES WHO WILL STAY WITH YOU</b>		
<b>7 EMPLOYMENT &amp; INCOME INFORMATION</b>		
<b>1</b>	Occupation: First Applicant	Annual Salary :
	Employer/Company	Net per fortnight:
<b>2</b>	Occupation: Spouse /Partner	Annual Salary :
	Employer/Company	Net per fortnight:
<b>3</b>	Other Income Description	
<b>8 REQUIREMENTS FOR ASSESSMENT OF APPLICATION</b>		
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"/>

<b>9</b>	<b>OTHER INFORMATION</b>	
	Should this application be approved by the Chief Executive Officer, I agree to the following :	
	<b>1. Pay a fortnightly/monthly rental of \$..... To be paid direct from my bank account</b>	
<b>10</b>	<b>BACKGROUND INFORMATION</b>	
	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	
<b>11</b>	<b>EMERGENCY CONTACT</b>	
	Name:	Phone: Relationship:
	Name:	Phone: Relationship:
<b>12</b>	<b>I/We, the undersigned, certify that all information contained in this application is true and accurate</b>	
	Signed:	
	Print Name:	
	Date:	Photocopy of Valid Identification YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>13</b>	<b>FOR SHC OFFICE USE</b>	
	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: