



Local Aboriginal Land Council
DARKINJUNG

HOUSING APPLICATION CHECK LIST

SURNAME: _____

FIRST NAME: _____

APPLICATION SUBMITTED: _____

APPLICATION COMPLIANT: _____



Membership Confirmation from Executive Assistant: YES NO



Birth Certificate/Photo Id–

Date of Identification: _____



Proof of Income –

Date of Income Statement: _____

***NOTE:** Self Employed – Proof of income e.g. most recent Tax Assessment is required*

Date of Last Tax Assessment: _____



Medicare Card –

Expiry Date: _____



Utility Accounts – Most recent Electricity, Motor Registration, Telephone,

Date of Account: _____