

**MAGISTRATES COURT of WESTERN AUSTRALIA  
(CIVIL JURISDICTION)  
GENERAL FORM OF AFFIDAVIT  
FORM 2**

<b>Registry:</b>	<b>Case number:</b>
<b>Phone:</b>	
<b>Fax:</b>	
<b>Claimant</b>	
<b>Defendant</b>	

I (name) of (address), (occupation), having been duly sworn say on oath the following:

1. I swear this affidavit in support of my suspension application.
2. In (month, year), I entered into a residential tenancy agreement with the Housing Authority for (address). I am the sole tenant on the residential tenancy agreement, although my partner (name) has been residing in the property with me for the last eleven months.
3. The Housing Authority applied to the Magistrates Court for termination and vacant possession of my tenancy agreement due to rent arrears.
4. The matter was listed for hearing on or around (date). On this date, an order for termination was made in my absence and vacant possession was suspended until (date).
5. I do not remember receiving any paperwork from the Housing Authority in relation to this matter prior to the hearing.
6. I did not attend the hearing because I do not recall receiving notification of the proceedings. It was a stressful week as my grandmother was very unwell.
7. On (date), I became aware of the orders when I received a letter from the Housing Authority, dated (date), advising that a bailiff had been employed and would take possession of the property on (date) at 3:00pm. (Attachment "CM1" is a copy of the letter from the Department of Housing and the letter from the Bailiff).
8. I contacted Daydawn Advocacy Service for assistance as soon as I received this letter. On (date), Betsy Buchanan from Daydawn Advocacy Service attempted to negotiate with the Housing Authority on my behalf. Betsy Buchanan then referred me to Tenancy WA who I instructed on my matter.
9. I instructed my solicitor to contact the Housing Authority to negotiate on my behalf. My solicitor, (name), told me and I verily believe, that she called (name) the Regional Manager of the Department of Housing and that the negotiations were not successful and that the Department of Housing advised they would proceed with the bailiff eviction at 3:00pm on (date).
10. I am seeking a suspension of the enforcement order for an opportunity to apply to vary or set aside the original order made on the (date) in my absence.
11. I owe the Housing Authority approximately \$(amount). \$(amount) of this is for rent arrears and the remaining is an outstanding gas bill.

Signature of person making this affidavit (deponent)	Signature of witness
	Date

12. Betsy Buchanan at Day Dawn Advocacy has advised me that she can assist me in obtaining emergency relief to address the arrears from a number of agencies including Daydawn Advocacy Service, St Vincent's, Uniting Care West and Anglicare. I am also willing to enter into a payment plan with the Housing Authority.

**Living Arrangements**

13. I have one young child in my care, my sister (name) who is (age) years old.

14. (Sister) came to live with me in around (month, year).

15. (Sister) is in the care of the Department of Child Protection and Family Services "DCPFS" under care and protection orders.

16. My sister is living with me because all previous housing arrangements were not successful.

17. My sister has intellectual and behavioural issues.

18. My sister is enrolled in (school). I have been working with the school and DCPFS to manage (sister)'s intellectual and behavioural issues.

19. I am in regular contact with DCPFS caseworkers (names). DCPFS have visited the property including as recently as two weeks ago and have been very supportive and have advised me that they are happy with the progress that the my sister has made.

20. On (date), I instructed my solicitor to contact (case worker) for confirmation of the situation for my sister, (case worker) provided a letter in support. (Attachment "CM2").

21. On (date), I instructed my solicitor to contact (case worker) at the (location) office of DCPFS, and my solicitor told me and I verily believe that (case worker) confirmed that (sister's name) is under a protection and care order to the age of 18, and that she is currently in an unendorsed placement with (tenant's name), and that because earlier placement had not succeeded, the current arrangement was the safest place for (sister), and the DCPFS was actively working with the family.

22. If we are evicted, we do not have anywhere to go because I do not have any family that can support us. My other family members cannot support both myself and my sister. We will be made homeless and my sister will be returned to the care of DCPFS.

23. Before I moved into my house in (location), I was homeless after my mother died. I was moving between family member's houses and also spent some time on the streets.

**Special Circumstances**

24. A solicitor at Tenancy WA has told me, and I verily believe, that a suspension is necessary to preserve the subject matter of the application, and that if I am evicted in accordance with a valid court order for termination, the court has no way of undoing this. For this reason, it is vital that a suspension order is granted to prevent this from happening until the appeal application can be dealt with.

Signature of person making this affidavit (deponent)	Signature of witness
	Date

SWORN

At

This        day of        20    in the presence of:

.....  
Registrar/Justice of the Peace/other authorised witness

.....  
Deponent

Each page is to be dated and signed by the person making the affidavit and the witness.

*Tick [✓] appropriate box*

Lodged by	<input type="checkbox"/> Claimant or claimant's lawyer <input type="checkbox"/> Defendant or defendant's lawyer <input type="checkbox"/> Other			
Address for service				
Contact details	Telephone:	Lawyer's ref:	Fax:	E mail:

Signature of person making this affidavit (deponent)	Signature of witness
	Date