

Telephone: .....

Central Housing Registry  
Housing & Community Services Dept.  
P.O. Box 2034  
**BULAWAYO**

Ref: HA 93a

Date: .....

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Dear Sir/Madam

**ACKNOWLEDGEMENT OF APPLICATION  
FOR FAMILY ACCOMMODATION**

Your application for family accommodation has been registered under number..... Date.....

Residential Address .....

Employer .....

You are requested to notify this office of any change in the above information and to renew this application annually in .....(Month) if you still require family accommodation. Renewal shall be made by attendance at this office and please produce your payslip (where applicable) for adjustment of records.

**IF YOU FAIL TO RENEW THIS APPLICATION IT WILL BE ASSUMED THAT YOU ARE NO LONGER REQUIRING FAMILY ACCOMMODATION AND YOUR APPLICATION WILL BE REMOVED FROM THE LIVE FILE.**

Yours faithfully

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**REGISTERING OFFICER**

**Please Note:** This form should be retained as proof of registration of an application for family accommodation and presented or the number quoted, when any enquiry as regards accommodation is made.

**FOR OFFICE USE:**

**Application Renewed** .....  
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