



**Please read the Rental Accommodation booklet for help with answering questions.**

- Means you need to attach documents as proof of your claim

## 1. Applicant Details

LAST NAME / SURNAME .....	FIRST NAME .....	SECOND NAME .....
------------------------------	---------------------	----------------------

Please tick boxes

TITLE Mr  Mrs  Miss  Ms  Male  Female  \*Intersex  D.O.B...../...../.....

CONTACT ADDRESS .....

..... POSTCODE.....

TELEPHONE ..... MOBILE .....

### CONTACTS -Please nominate someone we may contact if we are unable to contact you

FAMILY/FRIEND: NAME ..... TELEPHONE.....

ADDRESS ..... POST CODE.....

ADVOCATE/SUPPORT AGENCY..... TELEPHONE.....  
(IF APPLICABLE)

ADDRESS ..... POST CODE.....

Do you also wish to be considered for a Community Housing Property? YES  NO

IF you  YES you will widen your housing choices

IF you  YES you are giving consent for your personal details, relevant to your application, to be given to a Community Housing organisation

## APPLICATION FOR ELIGIBILITY DETAILS

- Please attach 3 proof of identity documents

Are you an Australian Citizen or Permanent Resident? YES  NO

Is your partner, or co-applicant an Australian Citizen or Permanent Resident? YES  NO

Do you, your partner or co-applicant(s) own or are you in the process of buying, residential land or property? YES  NO

ADDRESS DETAILS .....

Have you, your partner, or co-applicant(s) had previous housing assistance under another name? YES  NO

If 'YES', please give previous name(s) .....

If you believe that your housing needs are urgent you can ask for a priority interview.

<b>Official Use only</b> Customer ID .....	<b>Documents included</b> Proof of income <input type="checkbox"/>	( BARCODE INFORMATION)
	Medical certificate <input type="checkbox"/>	
	Proof of identity <input type="checkbox"/>	
	Other (specify) .....	
	<b>Received and checked by:</b> .....	
Application No. ....		
File No. ....		
Office .....		

\* Intersex - for those applicants who do not identify themselves as male or female.

## Household Details

Complete details of all household members who will live in the rental accommodation

APPLICANT			
Last Name / Surname	First Name	Second Name	Date of Birth

PARTNER			

CO-APPLICANTS		"Co-applicants" are those (other than your partner) who wish to share the housing and who intend to sign the tenancy agreement	

OTHER HOUSEHOLD MEMBERS		"Other household members" include dependents, non-dependents, and carers	

### ACCOMMODATION CHOICES

In which zone or country town do you wish to be housed? .....

**Please note: you cannot choose the suburb you wish to live in, however, if there is a need to be close to a particular suburb, please state why. If necessary, attach supporting documentation.**

.....  
.....  
.....

Do you have a pet/s ..... If yes what type? .....

.....

Having a pet may increase your waiting time.



**DISABILITY / MEDICAL INFORMATION**

It is in your best interest to advise the Department if anyone in your household has a disability or medical condition so that the most suitable allocation of housing can be made.

Does any member of your household have a disability which impacts on their housing needs? YES  NO

If 'YES', please complete the **Disability Form** (page 5 & 6).

Does any member of your household have a medical condition that you wish to be considered as part of your application? YES  NO

If 'YES', please complete the **Medical Information Form** (pages 7 & 8).

**ABORIGINALITY**

Are you or any member of your household of Aboriginal or Torres Strait Islander origin? YES  NO

Do you wish to be included for designated Aboriginal housing accommodation? YES  NO

\*Please note, applicants residing in Government funded accommodation (eg; Aboriginal Corporation, Community Housing etc) are not eligible for Department accommodation while occupying a Government funded property. However, where circumstances warrant it, discretion may apply for the applicant to be placed on the waiting list for Department accommodation.

**CSO TO COMPLETE**

1. Ask which community the property is located in. (Name of Community).....
2. Contact the Management Development Co-ordinator, Sustainability and Development, Aboriginal Housing and Infrastructure Branch on 9222 4777 or Toll Free 1800 621 826 to confirm if this is a Government funded property.

If a Department officer wishes to contact you, will you need an interpreter? YES  NO, I can be interviewed in English

**COUNTRY OF BIRTH**

Where you, your partner or co-applicant(s) born overseas? YES  NO, all born in Australia

If 'YES',	COUNTRY OF BIRTH	Year of Arrival in Australia	Main Language Spoken at Home
Applicant	.....	.....	.....
Partner	.....	.....	.....
Co-applicant	.....	.....	.....
Co-applicant	.....	.....	.....

**DECLARATION**

**I/We declare the information in this application is correct.**

SIGNED (APPLICANT) ..... DATE ...../...../.....

SIGNED (PARTNER) ..... DATE ...../...../.....

SIGNED (CO-APPLICANT) ..... DATE ...../...../.....

SIGNED (CO-APPLICANT) ..... DATE ...../...../.....

**Warning: It is important the details of your application are true and accurate. A false declaration will result in the withdrawal of your application and the loss of your place on the waiting list. You may also be liable to prosecution.**

Any information provided will be used solely for housing related purposes and will only be released in accordance with the Department of Housing Privacy and Confidentiality policy.



## Applicant Details

LAST NAME / SURNAME

FIRST NAME

SECOND NAME

DATE OF BIRTH ...../...../.....

NAME OF PERSON WITH DISABILITY : .....  
(if different from above)

RELATIONSHIP TO HOUSEHOLD HEAD (eg son, daughter, partner, self): .....

Do you require assistance with verbal communication? (eg advocate / interpreter)    YES     NO

ADVOCATE DETAILS    Do you require an Advocate?    YES     NO

TITLE: ..... FIRST NAME: ..... SURNAME: .....

CURRENT ADDRESS: .....

..... POSTCODE: .....

TELEPHONE NUMBER(S) : ..... MOBILE: .....

### DETAILS OF DISABILITY

Please tick correct boxes

Physical (eg paraplegic, stroke, cerebral palsy, arthritis)   

Give details below:

.....  
.....

Sensory (eg blind, deaf)   

Give details below:

.....  
.....

Intellectual   

Give details below:

.....  
.....

Psychiatric   

Give details below:

.....  
.....

Other   

Give details below:

.....  
.....

**SUPPORT NEEDS**

Do you require support to assist you to live independently?

YES

NO

What date was support applied for? .....

What level of support do you need to live independently?

(eg 24 hour support, 2-3 hours per day)

.....  
.....

If yes, who will provide this support?

(eg family, Disability Services Commission, HACC, ACTIV, Silverchain etc)

.....

Estimated date when support will be available: .....

Has this support been approved?

YES

NO

If yes, please supply a copy of the support letter.

**HOUSING NEEDS**

Please tick correct answer

Are modifications required to:

Bathroom? YES  NO

Kitchen? YES  NO

Toilet? YES  NO

Is the person with the disability a permanent wheelchair user?

YES  NO

If yes, what type of wheelchair?

ELECTRICAL  MANUAL

Is accommodation without steps required?

YES  NO

Is it essential that accommodation is sited on a level block?

YES  NO

OTHER REQUIREMENTS – Do you need to be near:

Please tick appropriate boxes

Public transport  Bus  Shops

Medical facilities  Rail  Community facility

Other  Please supply details below:

Details: .....

.....

If you have ticked any of the above, please state why:

.....  
.....  
.....  
.....  
.....

COMPLETED BY: .....

SIGNATURE: .....

ADDRESS: .....

.....

TELEPHONE: ..... DATE: .....



## Applicant Details

This form is for applicants who wish to have their medical condition considered as part of an application for appropriate housing.

To authorise your Doctor to supply information, please complete Section 1. Then give this form to your Doctor to complete Section 2.

### OFFICE USE ONLY

Application Number .....

Customer ID Number .....

Work File Number .....

### SECTION 1 (To be completed by the Applicant)

I give permission for my Doctor to disclose medical details to the Department.

SURNAME: ..... FIRST NAME.....

BLOCK LETTERS

ADDRESS ..... POST CODE.....

SIGNATURE: ..... DATE OF BIRTH...../...../.....

WITNESSED BY: .....

DATE: ...../...../.....

### SECTION 2 (To be completed by the Applicant's Doctor)

1. Describe the nature of the medical condition/disability: .....  
.....  
.....  
.....

2. How serious are these conditions/disability? .....  
.....  
.....

3. Is the patient's condition likely to change in the future? If so, what changes could be expected? .....  
.....  
.....

4. Does the patient receive regular treatment, therapy or support due to their medical condition or disability? How often is this service provided?  
.....  
.....  
.....

5. From a medical and safety perspective, can the patient live alone or do they need a live in carer? (current and future)

.....  
.....  
.....

6. Is the patient's medical condition/disability directly affected by their current accommodation? If so, how?

.....  
.....  
.....

If it is a physical disability complete the Disability Information Form (pages 5 & 6 of the Application for Rental Housing form) to provide specific requirements.

7. In what ways does the patient's medical condition or disability affect the location, type or design of accommodation required?

.....  
.....  
.....

8. Medically, does the patient have any other specific accommodation requirements or is there any other information that you feel is relevant to the patient's request for accommodation?

.....  
.....  
.....

9. Does the patient, in your opinion, have the legal capacity to sign relevant legal documentation?

.....  
.....  
.....

SIGNATURE OF DOCTOR: ..... DATE..... / ..... / .....

NAME OF DOCTOR: .....

BLOCK LETTERS

CURRENT ADDRESS: .....

..... POST CODE: .....

CONTACT TELEPHONE NO: ..... (for clarification of information)

If you believe the patient requires purpose built accommodation or significant modifications to their existing home, for example someone requiring permanent use of a wheelchair, can you please refer them to an Occupational Therapist so that a detailed report can be obtained.