



Application for Rental Housing

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

Applicant Details

SURNAME	FIRST NAME	SECOND NAME
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Please tick boxes

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

CONTACT ADDRESS
..... POSTCODE.....

TELEPHONE MOBILE

CENTRELINK REF EMAIL

CONTACTS

NEXT OF KIN NAME TELEPHONE.....

ADDRESS POSTCODE.....

FAMILY/FRIEND NAME TELEPHONE.....

ADDRESS POSTCODE.....

ADVOCATE/SUPPORT AGENCY TELEPHONE.....

ADDRESS POSTCODE.....

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

ADDRESS POSTCODE.....

Please provide a copy of relevant documents.

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

If YES please give previous name/s

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

IF YES you will widen your housing choices.

IF YES you are giving consent for relevant personal details to be given to a Community Housing Organisation.

If a Department of Communities officer wishes to speak with you, will you need an interpreter? YES NO

<p>OFFICE USE ONLY</p> <p>Person Ref:</p> <p>Application Ref:</p> <p>File Number:</p> <p>Admin Unit:</p> <p>HPE-CM Number:</p>	<p>Documents included</p> <p>Proof of income <input type="checkbox"/></p> <p>Proof of identity <input type="checkbox"/></p> <p>Other (specify)</p> <p>Received and checked by:</p> <p>.....</p>	<p>DATE RECEIVED STAMP</p>
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* Intersex - for those applicants who do not identify themselves as male or female.

Household Details

Complete the following details for each person who will live in the rental accommodation.

 Please attach proof of identity documents for each person.

 Please attach proof of income documents for the applicant, partner and co-applicant/s.

Title Mr Mrs Miss Ms	Surname	First Name	Second Name	Date of Birth	Gender M/F/I*
APPLICANT					
PARTNER					
CO-APPLICANTS (Co-Applicants are those people other than your partner who wish to share the housing and					
OTHER HOUSEHOLD MEMBERS (Other Household Members include dependents, non-dependents and carers)					

ACCESS TO CHILDREN

Where applicants have access arrangements for children equalling approximately 50% of the time or more, those children should be recorded under Other Household Members.

 Please provide supporting documentation.

DISABILITY/MEDICAL INFORMATION

It is in your best interest to advise the Department of Communities 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?
If YES, please complete the Disability Information Form on pages 5 and 6.

YES NO

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 on pages 7 and 8.

Have you or any other person listed in this application received previous Department of Communities assistance?

YES

NO

If YES, list who and the type of assistance e.g. public housing, bond assistance loan?

.....
.....

Do you have a private lease at your current address?

YES

NO

If YES when does it end?/...../.....

 Please provide a copy of the Tenancy Agreement.

Do you wish to apply for priority housing?

YES

NO

If YES please speak with a Customer Service Officer.

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.

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.....

Do you have a pet/s? YES NO If YES what type?.....How many?

Having a pet may increase your waiting time.

HOUSING TYPES - FOR INFORMATION PURPOSES ONLY

The Department of Communities will allocate accommodation to meet your needs.

FAMILY: Parent/s and children or sharing adults – you may be allocated a house, townhouse or duplex.

SINGLE: Person or couple under 55 years with no children living with you – you may be allocated an apartment or townhouse.

SENIORS: Single person or couple 55 years or age or older with no children living with you – you may be allocated an apartment, townhouse or duplex.

If for medical reasons you are unable to access a property with stairs or steps then please arrange for your doctor to complete the attached Medical Information Form.

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 only be released in accordance with the Department of Communities' Privacy, Confidentiality and Duty of Care Policy.



Disability Information Form

Applicant Details

This form is for applicants who wish to have their disability considered as part of their application for housing. Please provide supporting documentation as evidence that the disability impacts your housing needs.

SURNAME

FIRST NAME

SECOND NAME

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

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

RELATIONSHIP TO APPLICANT (e.g. son, daughter, partner, self):

Do you require assistance with verbal communication or an interpreter? YES NO

Do you require an advocate? If YES, provide details below. YES NO

ADVOCATE DETAILS

TITLE FIRST NAME SURNAME

ADDRESS

..... POSTCODE

TELEPHONE MOBILE

DETAILS OF DISABILITY

Physical (e.g. paraplegia, stroke, cerebral palsy, arthritis)

Give details below:
.....
.....

Sensory (e.g. 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 level of support do you need to live independently? (e.g. 24 hour support, 2-3 hours per day)

.....

If yes, who will provide this support?

(e.g. family, Disability Services Commission, HACC, ACTIV, Silverchain etc)

.....

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

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

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 – please tick services or facilities that you need to be near.

Public transport

Shops

Medical facilities

Other

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

.....

.....

.....

.....

.....

NAME

SIGNATURE

ADDRESS.....

.....

TELEPHONE..... DATE.....

OFFICE USE ONLY

Has the applicant demonstrated the disability impacts on their housing needs?

YES

NO

If NO, do not update corresponding Habitat Application Questions.



Medical Information Form

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 Reference.....

Person Reference.....

File Number.....

SECTION 1 (to be completed by the Applicant)

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

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

BLOCK LETTERS

ADDRESS POSTCODE.....

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

2. How serious is this conditions?

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? 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)

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6. Is the patient's medical condition 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 affect the location, type or design of accommodation required?

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.....

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?

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.....

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

PRACTICE ADDRESS

..... POST CODE

TELEPHONE (for clarification of information)