Office: Suite 1, 21 Cremorne Street, Cremorne, Vic, 3121

 Email: reception@womenshousing.com.au

Website: www.womenshousing.com.au

 Telephone: (03) 9412 6868

Fax: (03) 9415 6511

**ABN 93 080 116 883**

**HOUSING APPLICATION FORM**

|  |  |
| --- | --- |
| **APPLICANT DETAILS** | **(An incomplete application cannot be processed.)** |
| Name: |  |
| Address: |  |
| Age: |  | Date of Birth: |  |
| Phone: |  | Gender: |
| Centrelink number: |  |
| Income details:Eg. Newstart, Wages | NSA DSP WAGES | Amount: |  |
| Email: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Accommodation Requested** |
| **Rooming House Accommodation****(for people over 35)** | **Community Long Term Housing (conditions apply)****For low income, females and their families** |
| **[ ]** BERWICK (mixed gender) | **[ ]** BAYSWATER (1 or 2 bed units) |
| **[ ]** MT. MARTHA ( mixed gender) | **[ ]** BENTLEIGH (1 or 2 bed units) |
| **[ ]** SUNSHINE (males only) |  |
| **[ ]** OTHER (please state below). |
| **[ ]  I am in urgent need and I will consider ANY property that I am eligible for.**  |

 |  |

**Referring/Funding Agency**

Can this agency fund two weeks in advance? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| **Agency Name:**  |  |
| **Contact:**  |  |
| **Phone** |  | **Fax Number:** |  |
| **Email:**  |  |

**Applying for Housing at Women’s Housing Ltd**

You can apply for housing as a single person, a couple or a family. Some of our housing is designated for women and their families.

Our Vacancies are advertised on our website.

To apply for any of our accommodation, you must complete this form and provide income documents. When you fill out the application form you will need to provide details about the people living with you, their income, savings and other assets.

Before your application can be approved it will be assessed against our eligibility criteria for each property. When you application is received, you will be sent a Text Message acknowledging your application.

Most applications are processed within a 3 week period and we will contact you to you to confirm your details on the phone. If your application is approved, we will invite you to an interview at the property.

Your application will be assessed on the basis of the information you provide on this form and at an interview. Please answer all questions in full. You must attach certain documents with your application. Photocopies are acceptable.

WHL do not keep a waiting list. In the event that you do not return our calls or we cannot contact you, your application will be made ineligible.

**In general, to be eligible for WHL’s housing, you must:**

* meet income and asset eligibility criteria
* not own or part own a property
* have Australian citizenship or permanent residency status
* be able to pay at least two week’s rent in advance
* be able to live independently and meet tenancy responsibilities

All information that you provide will remain confidential.

**When you have completed our application, attach all supporting documents and return to Women’s Housing Ltd:**

**By fax: 9415 6511**

**By email:** **reception@womenshousing.com.au**

**By post: Women’s Housing Ltd**

**Suite 1, Level 1, 21 Cremorne Street**

**Cremorne, Victoria, 3121**

**About you**

|  |  |
| --- | --- |
|  |  |

**Your marital status**

[ ]  Never married [ ]  Widowed [ ]  Divorced [ ]  Separated [ ]  Married [ ]  De facto

**Are you Aboriginal or Torres Strait Islander?**

[ ]  No [ ]  Yes, Aboriginal [ ]  Yes, Torres Strait Islander [ ]  Both

**Do you have an application with the Office of Housing?**

|  |  |
| --- | --- |
| Application no: |  |

[ ]  If Yes: Seg 1 Seg 2 Seg 3

|  |  |
| --- | --- |
| [ ]  other |  |

 **In which country were you born?** [ ]  Australia

**Your residency status**

|  |  |
| --- | --- |
| other |  |

 [ ]  Australian citizen[ ]  Permanent resident [ ]

|  |
| --- |
|  |

**Do you need an interpreter?** If so which language:

|  |  |
| --- | --- |
| **Do you have any pets/animals:**Please describe: |  |

**Family to be housed with you**

Please list below each person to be housed with you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Given Name | Family Name | M/F | Date of Birth | Relationship to you | Country of Birth | Income |
|  |  | M / F |  |  |  |  |
|  |  | M / F |  |  |  |  |
|  |  | M / F |  |  |  |  |
|  |  | M / F |  |  |  |  |

Are you or anyone on this application expecting a baby? [ ]  Yes [ ]  No

(If yes, you must provide a doctors letter advising the due date)

If there are children on this application, are you the custodial parent? [ ]  Yes [ ]  No

Do you have access visits with your children not listed on here? [ ]  Yes [ ]  No

**Housing History**

**Have you been housed by Women’s Housing Ltd before?**  [ ]  Yes [ ]  No

**Current Housing**

|  |  |  |
| --- | --- | --- |
| DATES: | FROMMM / YYYY | TOMM / YYYY |
| ADDRESS: |  |
| ACCOM. Type |  | RENT p/w | $ |
| **Why did you leave this accommodation?** |
|  |

**Previous Housing**

|  |  |  |
| --- | --- | --- |
| DATES: | FROMMM / YYYY | TOMM / YYYY |
| ADDRESS: |  |
| ACCOM. Type |  | RENT p/w | $ |
| **Why did you leave this accommodation?** |
|  |

|  |  |  |
| --- | --- | --- |
| DATES: | FROMMM / YYYY | TOMM / YYYY |
| ADDRESS: |  |
| ACCOM. Type |  | RENT p/w | $ |
| **Why did you leave this accommodation?** |
|  |

**Rental References:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Real estate** | **Phone** | **Year** | **Address of property** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Support/ Health Needs and Community Connections**

Are you receiving support from an organisation or health professional? [ ]  Yes [ ]  No

Can WHL contact this person? [ ]  Yes [ ]  No

Please list any support agencies/professionals below.

|  |  |
| --- | --- |
| Agency Name:  |  |
| Agency Contact:  |  | Phone: |  |
| Address: |  |
| Support Type |  |

|  |  |
| --- | --- |
| Agency Name:  |  |
| Agency Contact:  |  | Phone: |  |
| Address: |  |
| Support Type |  |

**Health and Wellbeing Issues**

**Please describe briefly any disabilities or health concerns, including mental health issues and ongoing health concerns:**

|  |
| --- |
|  |
|  |
|  |
|  |

**Do you or any member of your household have difficulty with stairs?**

[ ]  Yes [ ]  No (If yes, please describe below)

|  |
| --- |
|  |
|  |
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|  |

**Do you or any member of your household require any modifications or special requirements for housing?**

[ ]  Yes [ ]  No (If yes, please describe below)

|  |
| --- |
|  |
|  |
|  |

**Please describe any links to the areas you have applied to live in. This may include professional, health services, friends/family and employment links.**

|  |
| --- |
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**Assets**

**Do you own a car? (Please provide make and model)**

|  |
| --- |
|  |

**Do you or anyone in your household have any of the following:-**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Asset | Tick if Yes | Value | Comments |
| Cash in bank | [ ]  Yes | $ |  |
| Motor Vehicle | [ ]  Yes | $ |  |
| Shares of Investments | [ ]  Yes | $ |  |
| Property & Land | [ ]  Yes | $ |  |
| Mobile Home | [ ]  Yes | $ |  |
| Boat | [ ]  Yes | $ |  |
| Caravan | [ ]  Yes | $ |  |
| Superannuation | [ ]  Yes | $ |  |
| Fixed term deposits | [ ]  Yes | $ |  |

If you have selected “yes” or any of the above, please provide documentation that shows the value of these assets, such as a bank statement.

**Please use the space below to note down any other relevant information in application for housing.**

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**Release of Information Consent and Declaration**

|  |  |  |
| --- | --- | --- |
| I, |  | (your name) |
| give Women’s Housing Ltd permission to exchange information, verbal and written with: |
|  |
| (Name of Worker) |
|  |
| (Organisation/Agency) |

Information specific to:

* My application for housing
* My income and household size
* Assessing my housing needs and allocation of suitable properties
* Future housing options;

**Applicant Declaration**

I believe all the information contained in this application to be true to the best of my ability. I understand that deliberately mislead Women’s Housing Ltd, may lead to cancellation of my housing application. I also give you permission to contact anyone mentioned in this application to assist WHL to assess my application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: | DD / MM / YYYY |

**Checklist for supporting documents:-**

Before you return this form have you:

[ ]  attached copies of income statements or payslips for all persons over 18 years\*\*

[ ]  attached copies of bank and asset statements

[ ]  attached all other relevant documentation

[ ]  signed the release of information consent.

[ ]  signed the declaration

\*\*Please note that your application cannot be processed without income documents.