



CENTRAL AUSTRALIAN AFFORDABLE HOUSING

BETTER LIVES START WITH A HOME

Housing Application Form

We Welcome your Application for Housing
PLEASE NOTE WE DO NOT PROVIDE EMERGENCY ACCOMMODATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

If you need help completing this form, please phone our office on 8952 1266 to make an appointment with a housing officer.

YOUR NAME: _____ **Male/Female**

Date of Birth: ___/___/___ Age: _____

ADDRESS: _____

Postal Address: _____
(if different from above)

YOUR PHONE: _____

YOUR EMAIL: _____

Nationality: _____

Aboriginal **Yes/No** Torres Strait Islander **Yes/No**

Do you need an Interpreter? **Yes/No** Preferred Language: _____

Marital Status

- Single
- Married
- Defacto
- Divorced/Separated

What best describes your current residence?

- Renting – Public Housing (NT Housing)
- Renting – Private
- Staying with friends
- Caravan Park
- Camping out/Sleeping rough
- Shelter
- Hostel
- Motel
- Car
- Town Camp
- Transitional housing
- Buying own home
- Other (please describe)

Leichardt Building, 3/21 Gregory Terrace Alice Springs I Phone: 8952 1266
PO Box 4905 Alice Springs NT 0871 I www.affordablehousingcompany.com.au

NEXT OF KIN (SOME-ONE TO CONTACT IN AN EMERGENCY)

Name: _____

Address: _____

Phone: _____

Email: _____

WHERE HAVE YOU LIVED IN THE LAST FIVE YEARS? (Including times you may have been Homeless)

<u>Dates</u>	<u>Address</u>	<u>Landlord/Agent</u>

WHO WILL LIVE WITH YOU?

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>M/F</u>	<u>Relationship to you</u>

Type of Home required?

<u>No.</u> <u>Bedrooms</u>	<u>House</u>	<u>Unit</u>
1-bedroom		
2-bedroom		
3-bedroom		
4+ BEDROOM		

Which suburb(s) do you prefer?

1.	
2.	
3.	

Do you need extra security in your home? **Yes/No**

Do you or any-one in your household have a Disability requiring:

Bath Ramps Rails Single storey

Other Modifications (*please describe*) _____

Does any-one in your household have other Medical, Physical, Mental Health or Special Needs? **Yes/No**

If Yes Please describe _____

Do you have a pet? **YES/NO**

If Yes, type of pet(s) _____

Please note that in some CAAHC properties, pets are not allowed.

Employment Details for You and each adult earner in your household:

<u>Name</u>	<u>Employment Status;</u> <ul style="list-style-type: none"> • Full-time • Part-time/Casual • Pensioner 	<u>Employer</u>	<u>How long with current employer?</u>
You			

Weekly Income details for You and each adult in household:

<u>Name</u>	<u>Centrelink - \$</u>	<u>Wages - \$</u>	<u>Other Income - \$</u>
You			

What best describes your/Household situation? (Tick all that apply)

- I am currently HOMELESS.
- I am at risk of HOMELESSNESS.
- I am NOT SAFE where I currently live
- Current house NOT SUITABLE for me or family.
- I can't AFFORD where I live.
- I am about to be EVICTED.
- I am living in REMOTE area and need to come into Alice Springs.

DISCLAIMER BY CAAHC

Central Australian Affordable Housing (CAAHC) has several different housing programs:

- Affordable housing for working people
- Special Rental accommodation for families
- Seniors housing
- Assistance for working people to obtain Private rental accommodation
- General community and social housing
- PLEASE NOTE WE DO NOT PROVIDE EMERGENCY ACCOMMODATION

CAAHC has sole discretion with your application in determining your eligibility and/or suitability for any of our Housing Programs.

If a Program which you may be deemed suitable for is closed for applications due to a full Waiting List, we will advise you that we will not be proceeding further with your application.

DECLARATION BY APPLICANT

I (your name) _____ declare that:

- The information provided in this application is true and correct.
- I understand this information will be relied upon by CAAHC and used by CAAHC to assess my accommodation needs.
- I acknowledge that CAAHC has sole discretion regarding assessing my eligibility for Affordable Housing, and
- I acknowledge that CAAHC also has the discretion to cancel my application if there are no housing vacancies available in any programs I may be eligible for.

Signed: _____ Date: ___/___/___

CONSENT TO SHARE INFORMATION

Privacy Statement

Central Australian Affordable Housing Co. (CAAHC) will comply with relevant privacy legislation and in the standards set for dealing with personal information outlined in our Policy, Practice Guidelines and Procedures.

CAAHC will work closely with other agencies to coordinate the best support for you and your family so that you can sustain your tenancy. Your informed consent for the sharing of information will be sought and respected in all situations unless:

- **We are obliged by law to disclose your information regardless of consent or otherwise,**
- **It is unsafe or impossible to gain consent or consent has been refused, and, without information being shared, it is reasonably anticipated a child or young person or adult will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public health or safety.**

Client Consent Record

Do you have any Support Agencies (or Government agencies) working with you and your family?

YES/NO If Yes, please detail below.

<u>Agency or Organisation</u>	<u>Phone number</u>	<u>Name of Support worker</u>	<u>Consent to share Information</u> (Please tick)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I (your name) _____ understand the above Privacy Statement and hereby give permission for those organisations identified above to share my information with Central Australian Affordable Housing Co. in order to assist my housing application, and/or any housing related support needs I have. I understand this shared information will be used to assess my accommodation needs, and I understand that I can withdraw this consent at any time.

Signed: _____ Date: __/__/____