



# COMMUNITY HOUSING CENTRAL AUSTRALIA

ABN: 82 136 070 829

3/21 Gregory Terrace, Alice Springs / Mparntwe

PHONE: 08 8952 1266 • EMAIL: [info@chca.org.au](mailto:info@chca.org.au)

*Referral Form 34 South Tce, transitional housing*

Department Of Housing APPLICATION  
COMPLETED: Y/N

Application lodged: (Please provide date)

CHCA CLIENT CONSENT COMPLETE: Y/N

DOH CLIENT  
CONSENT

## Client Information

### Personal Details:

Family name: \_\_\_\_\_ Given name(s) \_\_\_\_\_

Preferred name(s): \_\_\_\_\_

Gender: Male Female Other                      Date of birth: \_\_\_\_\_

Mobile: \_\_\_\_\_

Do you identify as being Aboriginal and/or Torres Strait Islander? Yes No

Country of birth ('kantri or nation) \_\_\_\_\_

Language's spoken: \_\_\_\_\_ Next of kin: \_\_\_\_\_

Interpreter required: Yes No

Do you have any disabilities? Yes No

If yes, please provide details: \_\_\_\_\_

Employment: Yes No

Period of Employment: \_\_\_\_\_

Full-time, Part-time or Casual: \_\_\_\_\_



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## Current Housing Status:

Where are you currently staying? \_\_\_\_\_

Are you currently homeless or at risk of becoming homeless? Yes No

How many people live in the house you stay at? \_\_\_\_\_

Were your children with you? (If applicable) Yes No

Where have you stayed the last 5 years? (Including times you may have been Homeless)

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

What barriers were difficult in your previous tenancy and why?

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Do you have bond and rent saved? (If not, what steps need to be taken to secure?): (Unfortunately DOH will not be providing bond for new residents of 34 South tce)

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## Support Needs

To help us assess your application for this program, please provide us with information on your current support needs and details of any current support providers. This will help us identify potential support links and make arrangements if you are accepted into the program. These questions are around Health and Domestic, Family Violence.

What support do you identify you may need?



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*These questions are sensitive and we ask to have an understanding of your safety, please do in a confidential space.*

Have you experienced domestic violence? Yes No

Are you leaving your partner? Yes No

Do you have a DVO? ..... Type: ..... Expiry: .....

Name of partner/ Ex partner: ..... D.O.B: .....

Types of Violence experienced: .....

Duration of relationship: .....Do you have contact with partner: Yes No

Shared custody of child/ren: Yes No

Do you have any concerns about your safety at the moment? Yes No

If yes, what are they? : \_\_\_\_\_

\_\_\_\_\_

Have you or are you experiencing family violence? Yes No

Are there family groups that are unsafe for you? Yes No

Which family groups?

\_\_\_\_\_

Do you drink alcohol or take drugs? If so, how often?

\_\_\_\_\_

Do you suffer from any MH illnesses: i.e.; *depression, schizophrenia, bipolar, or any other illnesses not diagnosed?*

\_\_\_\_\_

Are you taking medication: Yes No

If yes, what for? \_\_\_\_\_

## Household Details

Please list all household members including all children that will live with you if housed



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Name	Age	Date of Birth	M/F	Relationship to you

Do you have a pet? Yes / No    If Yes, type of pet(s) \_\_\_\_\_

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

### Household Income Details

Please confirm the weekly income details for each adult and provide evidence for each (e.g. a Pay slip or Centrelink Income Statement)

Name	Type of Payment (e.g. Wages, Centrelink)	Amount Per week

### Support services

Please list any current supports services you have in place and nominate a support worker to contact regarding this application.

Organisation	Name of Support Worker	Contact details

Will support services continue to work with you, if your application is successful? Y N

If so which ones? \_\_\_\_\_

What is your dream or goal we could help you to achieve?



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Is there any support you can think will assist you with making life easier in housing? Early childhood education, cooking, financial counselling/support,

### 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: \_\_\_\_\_

### DISCLAIMER BY CAAHC

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.