



COMMUNITY HOUSING CENTRAL AUSTRALIA

3/21 Gregory Terrace
Alice Springs / Mparntwe
PHONE: 08 8952 1266
EMAIL: info@chca.org.au

ABN: 82 136 070 829

Community Housing Application

We welcome your application for housing

Please allow 14 days for processing

PLEASE NOTE WE DO NOT PROVIDE EMERGENCY ACCOMMODATION

Disclaimer by CHCA

Community Housing Central Australia (CHCA) has several different housing programs:

- Affordable housing for working people.
- Renal accommodation for families out bush.
- Seniors housing
- Assistance for working people to obtain private rental accommodation
- Community and social housing
- Transitional Housing

CHCA has sole discretion with your application in determining your eligibility and/or suitability for any of our Housing programs. We have no obligation to advise you of why you may not be eligible.

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.



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Personal Details – Please complete all questions

Applicant 1

Name _____

Gender _____ Male/Female

Date of Birth _____ Age: _____

Current Address _____

Postal Address? _____

Phone _____

email: _____

Nationality:

Aboriginal _____ Yes/No

Torres Strait Islander _____ Yes/No

Other: _____

Do you need an interpreter? _____ Yes/No

Language _____

Marital Status: _____ Married

Single

De facto

Divorced/Separated



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Personal Details – Please complete all questions

Joint Applicant 2

Name _____

Relationship to Applicant 1: _____

Gender _____ Male/Female

Date of Birth _____ Age: _____

Current Address _____

Postal Address? _____

Phone _____

email: _____

Nationality:

Aboriginal _____ Yes/No

Torres Strait Islander _____ Yes/No

Other:

Do you need an interpreter? _____ Yes/No

Language _____

Marital Status: _____ Married

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Who will live with you?

Name	Date of Birth:	Age	Gender (M/F)	Relationship to you

Fortnightly Income - You and all Adults who will live with you:

Name	Centrelink \$ per fn	Wages \$ per fn	Other income \$ per fn

What best describes your present residence/Accommodation?

- Public Housing RENTAL
- Private RENTAL
- Transitional Housing
- Town Camp
- Hostel/Hotel/Motel
- Caravan Park
- Shelter
- Stay with Family/ Friends



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Your Household situation – Reasons for Housing application:

<input type="checkbox"/>	I am at risk of HOMELESSNESS
<input type="checkbox"/>	Current house NOT SUITABLE for me or my family.
<input type="checkbox"/>	I am NOT SAFE where I currently live
<input type="checkbox"/>	I can't AFFORD where I live
<input type="checkbox"/>	I am living in REMOTE area and need to come into Alice Springs.
<input type="checkbox"/>	I am about to be evicted
<input type="checkbox"/>	Other (please describe)

Where have you lived for the last five years?

Date To From	Address



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Preferences

Number of Bedrooms _____

Suburb/location _____

Does anyone in your household have special needs:

- Medical YES/No
- Physical YES/No
- Mental Health YES/No
- Other YES/No

If YES Please describe _____

Do you or anyone in your household have requirements for:

- Single Storey YES/No
- Bath YES/No
- Ramps YES/No
- Other modifications YES/No

If YES Please describe _____

Do You/Your household have any Pets? YES/No

If YES Please describe _____

Next of Kin (someone to contact in an emergency)

Name: _____

Address: _____

Phone: _____

Email: _____



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Declaration by Applicant(s)

Applicant 1

I (your name) _____ declare that:

- The information provided in this application is true and correct.
- I understand this information will be relied upon by CHCA and used by CHCA to assess my accommodation.
- I acknowledge that CHCA has sole discretion regarding assessing my eligibility for Affordable Housing, and
- I acknowledge that CHCA 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: ____ / ____ / ____

Joint Applicant 2

I (your name) _____ declare that:

- The information provided in this application is true and correct.
- I understand this information will be relied upon by CHCA and used by CHCA to assess my accommodation.
- I acknowledge that CHCA has sole discretion regarding assessing my eligibility for Affordable Housing, and
- I acknowledge that CHCA 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: ____ / ____ / ____



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Consent to Share Information

Privacy Statement

Community Housing Central Australia (CHCA) will comply with relevant privacy legislation and in the standards set for dealing with personal information outlined in our Policy, Practice Guidelines and Procedures.

CHCA 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

Agency or Organisation	Phone number	Name of Support worker	Consent to share Information (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 Community Housing Central Australia 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: ___/___/___



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Applicant(s) to provide the following Supporting Documents:

For everyone 18 and over:

- ID x 3 including one photo ID. Ex: Medicare card, bank card
- Centrelink Income statement
- Pay slips: Full time 2 required. Part time/ Casual 6 weekly or 3 fortnightly
- Bank statements: 3 months' worth

Anyone under 18:

- Parent or legal guardian needs to provide birth certificate or Centrelink proof of child.