



COMMUNITY HOUSING CENTRAL AUSTRALIA

1/78 Hartley Street
Alice Springs / Mparntwe
PHONE: 08 8952 1266
EMAIL: info@chca.org.au

ABN: 82 136 070 829

Community Housing Application Form

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
- PLEASE NOTE WE DO NOT PROVIDE EMERGENCY ACCOMMODATION

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 or Separated



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Applicant 2

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:

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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 Incomes \$ per fn



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What best describes your present residence/Accommodation?

<input type="checkbox"/>	Public Housing RENTAL
<input type="checkbox"/>	Private RENTAL
<input type="checkbox"/>	Transitional Housing
<input type="checkbox"/>	Town Camp
<input type="checkbox"/>	Hostel/Hotel/Motel
<input type="checkbox"/>	Caravan Park Shelter
<input type="checkbox"/>	Stay with Family/ Friends
<input type="checkbox"/>	Shelter

Your Household situation – Reasons for housing application

<input type="checkbox"/>	I am at risk of HOMELESSNESS
<input type="checkbox"/>	Current house NOT SUITABLE for or my family
<input type="checkbox"/>	I am NOT SAFE where I currently living
<input type="checkbox"/>	I can't AFFORD where I live
<input type="checkbox"/>	I am living 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 past five years?

Date from / to	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
- Another 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 or 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: ___/___/___

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)

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.