



Request For Housing (single applicant)

Community Disability Housing Program

Please attach any relevant information to this form

Any information provided to the Housing Authority by you or your support provider will be shared with a Community Housing Organisation (CHO) (if you are considered for housing by a CHO). This information will be used solely for housing related purposes and will only be released in accordance with the Housing Authority's (or your support provider's or the CHO's) Privacy and Confidentiality Policy. Please complete all sections of the request for housing.

State Government Agency (please specify) DSC MHC

Contact Name:	Position:
Contact Number:	Email:

Support Provider

Name of Organisation:	Position:
Contact Name:	Position:
Contact Number:	Email:

Power of Attorney

Is an Enduring Power of Attorney required? NO YES (Required)

An enduring power of attorney is a legal agreement that enables a person to appoint a trusted person - or people - to make financial and property decisions on their behalf. An enduring power of attorney is an agreement made by choice that can be executed by anyone over the age of 18, who has full legal capacity. 'Full legal capacity' means that the person must be able to understand the nature and effect of the document they are completing and the nature and extent of their estate.

Applicant Details

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/>	Date of Birth
Surname	First Name	Preferred Name

Is the applicant of Aboriginal or Torres Strait Islander origin? NO YES

What is the applicant's financial capacity?
Please refer to Attachment A to determine financial capacity. Please attach supporting documents.

Income:

Assets:

Property Ownership: NO YES If yes, provide details of joint/sole ownership

Current Address

Suburb	Postcode
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Current Housing Tenure

Community Housing Family Home Residential Care Facility
 Private Lease Public Housing Other (specify i.e. Housing, Lodging House)

Is the applicant eligible for Housing Authority assistance? NO YES If you are unsure of eligibility criteria, consult the Rental Policy Manual at www.housing.wa.gov.au

Is the applicant on the joint waitlist for housing? NO YES (Required)

Applicant Disability Details – please specify the nature of the disability including level of disability and any housing requirements.

Cognitive

Intellectual

Physical

Psychiatric

Sensory

Neurological

Behavioural

Please note: An occupational therapy report may be required at a later date to support the application

Carer/s

Carer/s Information

Full time – live in Full time – rostered visits Share option/co-resident
Part time – live in Part time – rostered visits Number of hours per week _____

Will this be the principal place of residence for carer/s? NO YES Please provide details of any carer specific requirements

Family Member/s

Will this be the principal place of residence for an applicant's family member/s?

NO YES Please provide further detail below

Family Member/s Information

Housing Needs – please tick applicable areas and provide details of specific requirements

Bathroom

Toilet

Bedroom

Kitchen

Other

Does the applicant use a wheelchair?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify: Electric <input type="checkbox"/> Manual <input type="checkbox"/>
Does the applicant have any other mobility requirements?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please provide details:
Is accommodation without steps required?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please provide details:
Is it essential that accommodation is sited on a level block?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please provide details:
Does the accommodation need to be separate from neighbours (i.e. no common walls)?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please provide details:

Proximity to Services – please tick if required/relevant.

Public Transport <input type="checkbox"/> Medical Facilities <input type="checkbox"/> Employment <input type="checkbox"/> Shops <input type="checkbox"/>	Please supply specific details if applicable:
Will any pets, or assistance animals, be residing in the property?	NO <input type="checkbox"/> YES <input type="checkbox"/> Please indicate type of pet or assistance animal:

Other (Please provide details of any other requirements):

Accommodation Type – please specify ALL preferred types

Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Villa/Unit <input type="checkbox"/> Single Detached House <input type="checkbox"/> Apartment/Flat <input type="checkbox"/> Please indicate floor level: If accommodation choice is in a complex please choose from the following: Small block (max of 10) <input type="checkbox"/> Large block (10+) <input type="checkbox"/>	
Are you willing to explore other housing options (i.e. private lease, home ownership (full or partial))	NO <input type="checkbox"/> YES <input type="checkbox"/> Please provide details:

Bedroom Requirement

Entitlement includes accommodation for carer/s, co-residents, or family members	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six <input type="checkbox"/>
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Bathroom Requirement

Entitlement (assessed on the need for residential carers and co-residents), or family members	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Please provide details
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Preferred Locations

Town or city	
Preferred suburb as well as alternative suburbs	Preferred Suburb: Alternative Suburbs (note: preferred suburb cannot always be accommodated):

Other Details

Please provide all relevant information relating to the applicant to allow the review panel to make a considered decision on eligibility. (e.g. are they at risk of homelessness, why can't the applicant remain where they are, what family connections do they have, etc).

Application completed by:

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Name		
Organisation			
Signature		Date	

Declaration

I/We declare the information in this application is correct.

Signed (Applicant or Legal Guardian)	
Signed (Co-applicant or Legal Guardian)	
Signed (Co-applicant or Legal Guardian)	

State Government Agency Use Only

Is this a priority application? NO YES If YES please provide justification for prioritisation (present circumstances):

Housing Authority Use Only

Client needs manager: SUPPORTED NOT SUPPORTED

Does the preferred Registered Community Housing Organisation support the application? SUPPORTED NOT SUPPORTED

Details relevant to the decision:

Date:

Attachment A: Guide to Assessing Financial Capacity for Households with a Person with a Disability (current at September 2012)

Gross weekly income

	PUBLIC HOUSING ⁽¹⁾				COMMUNITY HOUSING ⁽²⁾			
	Metro/Country		North West/Remote		Metro/Country		North West/Remote	
	Single income	Dual income household	Single income	Dual income household	Weekly income	Annual income	Weekly income	Annual income
1 person	\$540	-	\$760	-	\$1,096	\$56,870	\$1,363	\$71,055
2 people	\$725	\$1,025	\$1,025	\$1,180	\$1,508	\$78,624	\$1,885	\$98,280
3 people	\$870	\$1,000	\$1,225	\$1,400	\$417	\$21,754	\$522	\$27,192
4 people	\$1,020	\$1,160	\$1,440	\$1,650	\$362	\$18,863	\$452	\$23,578

(1) For public housing households with more than four people, add \$145 weekly EACH for the fifth, sixth and subsequent householders.

(2) For a single parent in community housing, add a once-off amount of \$2,357 plus the amount for a child indicated.

Asset limit for people with a disability

Household type	Asset limit for Community Disability Housing Program clients	
	Public housing	Community housing
Single	Up to \$100,000	For homeowners \$186,750 For non-homeowners Up to \$321,750
Partnered (combined)		\$265,000
Couple but separated due to illness (combined)		\$265,000
One partner eligible		\$265,000

The asset limit is defined as:

- a lump sum cash or investment which is easily accessible to a person to be used for any purpose. The cash may be received in a number of ways including inheritance, a compensation payment or a gift or savings.
- cash or an investment placed in a trust account for the sole purpose of purchasing care services for care needs and or generating income will be deducted from the cash asset limit to determine the assessable cash asset limit.

Examples of documentation accepted by the Housing Authority as evidence of income and assets relevant to Community Disability Housing Program (CDHP) clients:

Evidence of income

For CDHP clients primarily 1 or 2:

1. Income Statement from Centrelink
2. Income Statement from Public Trustees
3. Previous years tax assessment from the Taxation Office

For people other than CDHP clients, additional information may be required.

Evidence of assets

1. Most recent bank statements
2. Investment or shares statements
3. Details of property or land owned

(This sheet is provided for information purposes only. Determination of financial capacity will be undertaken by the Housing Authority.)