



APPLICATION FOR RENTAL ACCOMMODATION

PRIMARY APPLICANT DETAILS

SURNAME	FIRST NAME	SECOND NAME
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TITLE Mr Mrs Miss Ms Male Female **DOB:**/...../.....
 Please tick box

CONTACT ADDRESS

.....
Postcode:
 Telephone:Mobile:
 Email:

EMERGENCY CONTACT INFORMATION

Please nominate someone we can contact if we are unable to contact you:
 Contact Name:
 Address:Postcode:
 Telephone:
 Relationship to you:

<p>OFFICE USE ONLY: Application Number: _____ Documents Included Proof of ID <input type="checkbox"/> Proof of Income <input type="checkbox"/> Medical Cert <input type="checkbox"/> Received and Checked by: _____</p>	<p>DATE RECEIVED: _____</p>
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HOUSEHOLD DETAILS

Please attach 3 proof of identity documents for each person over 18 years of age and proof of income documents for each person with an income

PARTNER

SURNAME	FIRST NAME	SECOND NAME
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DATE OF BIRTH:/...../.....

INCOME
PENSION TYPE:PENSION AMOUNT: \$ _____

EMPLOYER:WAGE: \$ _____

OTHER INCOME (eg child maintenance):

AMOUNT: \$ _____

CO-APPLICANT(S)

SURNAME	FIRST NAME	SECOND NAME
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DATE OF BIRTH:/...../.....

INCOME
PENSION TYPE:PENSION AMOUNT: \$ _____

EMPLOYER:WAGE: \$ _____

OTHER INCOME (eg child maintenance):

AMOUNT: \$ _____

SURNAME	FIRST NAME	SECOND NAME
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DATE OF BIRTH:/...../.....

INCOME
PENSION TYPE:PENSION AMOUNT: \$ _____

EMPLOYER:WAGE: \$ _____

OTHER INCOME (eg child maintenance):

AMOUNT: \$ _____

OTHER HOUSEHOLD MEMBERS

Who are unable to sign the tenancy agreement. (Eg Dependents.)

SURNAME

FIRST NAME

SECOND NAME

Relationship to Primary Applicant : Date of Birth:/...../.....

SURNAME

FIRST NAME

SECOND NAME

Relationship to Primary Applicant : Date of Birth :/...../.....

SURNAME

FIRST NAME

SECOND NAME

Relationship to Primary Applicant : Date of Birth:/...../.....

SURNAME

FIRST NAME

SECOND NAME

Relationship to Primary Applicant: Date of Birth:/...../.....

ACCOMMODATION CHOICES

In which town do you wish to be housed?

Please note: You cannot choose which suburb you wish to live in, however, if there is a need to be close to a particular suburb

Do you have a pet? If yes, what type and how many.....

Southern Aboriginal Corporation will allocate accommodation to meet your needs/your family's needs.

If, for medical reasons you are unable to access a property with stairs or steps, please arrange for your doctor to complete the attached medical form.

APPLICATION FOR ELIGIBILITY DETAILS

Do you, your partner or co-applicant(s) own or are you in the process of buying residential land or property?

Yes Address details: No

Have you, your partner or co-applicant(s) had previous housing assistance under another name?

Yes Previous Name: No

CURRENT HOUSING ARRANGEMENT

1) I/We are currently occupying a:-

Dept of Housing home (Commonwealth State Home) Yes No No. of Bedrooms:

Dept of Housing home (Aboriginal Grant Home) Yes No No. of bedrooms:

Private Rental (Landlord): Yes No No. of bedrooms:

Other (details): Yes No No. of bedrooms:

2) I/We are currently paying \$..... per fortnight.

a. The rent is: Up-to-date Yes No

In arrears by \$.....

b. (if applicable) the rent is in arrears for the following reasons:

.....
.....
.....
.....

3) Is your present accommodation satisfactory for your Family? Yes No

If no, please provide details:

.....
.....
.....
.....
.....

DISABILITY/MEDICAL INFORMATION

It is in your best interests to advise Southern Aboriginal Corporation if you or anyone in your household has a disability or medical condition, so the most suitable accommodation can be allocated to you.

Do you or any member of your household have a disability that would impact on their housing needs?

Yes No

If yes, please complete the Disability Form (attached)

Do you or any member of your household have a medical condition that you wish to have considered as part of your housing application?

Yes No

If yes, please complete the Medical Information Form (attached)

SAC MEMBERSHIP

Are you a member of Southern Aboriginal Corporation? Yes No

If no, we encourage you to become a member. Please complete the membership application (attached).

DECLARATION

I/we declare the information on this application is correct.

Signature of Applicant/s:

.....

Date:/...../.....

Application forms to be sent to: **Property Management Coordinator
Southern Aboriginal Corporation
PO Box 5277
ALBANY WA 6332**

Please note: Southern Aboriginal Corporation may share any information on this application with appropriate organisations on a need to know basis

DISABILITY INFORMATION FORM

Person with Disability

SURNAME

FIRST NAME

SECOND NAME

Relationship to Primary Applicant: DOB:/...../.....

DETAILS OF DISABILITY

Physical (eg paraplegic, stroke, cerebral palsy, arthritis) Yes No

Please give details:

.....
.....

Sensory (eg blind, deaf) Yes No

Please give details:

.....
.....

Intellectual Yes No

Please give details:

.....
.....

Psychiatric Yes No

Please give details:

.....
.....

Other Yes No

Please give details:

.....
.....
.....
.....

SUPPORT NEEDS

Do you require support to assist you to live independently? Yes No

What date was support applied for and/or granted (please provide proof)

.....

What level of support do you need to live independently? (eg 24 hour support, 2-3 hours per day)

.....

.....

If yes, who will provide this support? (eg family, Disability Services Commission, ACTIV, Silver Chain)

.....

HOUSING NEEDS

Are modifications required to:

Bathroom Yes No

Toilet Yes No

Kitchen Yes No

Is the person with a disability a permanent wheelchair user? Yes No

Is accommodation without steps required? Yes No

Is accommodation on a level site required? Yes No

Other requirements

Do you need to be near:

Public transport Yes No **Shops** Yes No

Community facility Yes No **Medical facilities** Yes No

Details:

Other: Yes No

Details:

If you have ticked yes to any of the above, please state why:

.....

.....

Form completed by:

Signature: Date:/...../.....

Telephone:

Address:

..... Postcode:

MEDICAL INFORMATION FORM

To authorise your Doctor to supply information, please complete section 1, then give to your Doctor to complete Section 2.

SECTION 1

I give permission for my Doctor to disclose medical details to Southern Aboriginal Corporation.

SURNAME	FIRST NAME	SECOND NAME
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D.O.B./...../.....

ADDRESS:.....

..... Post Code:

SIGNATURE:..... Date:/...../.....

SECTION 2

- Describe the nature of the medical condition/disability:
.....
.....
- How serious are these conditions/disability?
.....
.....
- Is the patient's condition likely to change in the future? If so, what changes could be expected?
.....
.....
- Does the patient receive regular treatment, therapy or support due to their medical condition or disability? How often is this service provided?
.....
.....
- Form a medical and safety perspective, can the patient live alone or do they need a live-in carer (current and future)?
.....
.....
- Is the patient's medical condition/disability directly affected by their current accommodation? If so, how?
.....
.....
- In what ways does the patient's medical condition/disability affect the location, type or design of accommodation require?
.....
.....
- Medically, does the patient have any other specific accommodation requirements or is there any other information you feel is relevant to the patients request for accommodation?
.....
.....
- Does the patient, in your opinion, have the legal capacity to sign relevant legal documentation?
.....
.....

Signature of Doctor:Date:/...../.....

Name of Doctor:
.....

Current Address: Post code:

Contact telephone number:

If you believe the patient requires purpose built accommodation or significant modifications to a home, for example, someone requiring permanent use of a wheelchair, please refer them to an Occupational Therapist so a details report can be obtained.

EMPLOYER INCOME VERIFICATION STATEMENT

Form for wage/salary only

To be completed by the Employer and verified by the Employee

I confirm that:
(Name of employee)

Of.....
.....Post code:

Is employed by:
.....
(Name & address of company/business)

..... Post code:

Telephone:Commencement date:/...../.....

Average gross weekly income from to (minimum 3 months)

Average Base Gross Income \$

Average Overtime payments \$

Salary Sacrificed Agreements (inc superannuation) \$

Other income (eg commissions) \$

Total Gross Weekly Income \$

Name of Authorised Person:

Position in Company:



Agency/Advocate Consent

I have been advised that this consent form is to enable

(print name of Agency/Advocate)

to act on my behalf in relation to any housing matters with the Housing Authority which operates within the Department of Communities. I understand that any information released by the Housing Authority will be used solely for this purpose.

- I am aware of my right to withhold or withdraw consent at any time.
- I understand that such information will be treated in a confidential manner and if it is published for statistical purposes in any format it will not identify me or any member of my family.
- I understand I have the right to make a formal complaint through the agency, advocate, or Housing Authority if I am dissatisfied with the way my information has been released or used.

Information collected by us will be handled in accordance with the Housing Authority Privacy, Confidentiality and Duty of Care Policy and the Public Sector Commission Policy Framework and Standards for Information Sharing between Government Agencies. Tenants can request access to their personal information held by the Housing Authority by applying under the *Freedom of Information Act 1992 (WA)*.

Client's Details

Mr Mrs Miss Ms Other

Surname

First Name

Second Name

Date of Birth

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Contact Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Email

Is the client able to read/write English?

Yes No

Does the client require an interpreter?

Yes No

If yes, for what language

Client's Signature

Date

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This section is to be completed by the Agency/Advocate

Agency/Advocate's Details

Name of Agency

Address

Street Number

Street Name

Suburb / Town

State

Postcode

Phone

Advocate's Name

Advocate's Direct Phone

Advocate's Email Address

Advocate's Signature

Date

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