SOUTHERN ABORIGINAL CORPORATION

APPLICATION FOR HOUSING

27 Chester Pass Road, Albany

Phone: 9842 7777

Email: sharon@sacorp.com.au

Instructions for Application:

- Ensure that the application is completed in full by all adults applying for property (aged 18 years or older)
- Ensure that all children of applicant details are completed in full
- Ensure that all details are given; name, contact number, email address, current address of all applicants
- Supply 100 point Identification for all adult applicants (must include 1 x Class A Document)

Class A Documents		**Class B Documents**	
Driver's license	50 points	Birth Certificate	30 points
Passport	50 points	Medicare Card	30 points
Proof of Age Card	50 points	Utility Account	20 points
		Pension/H/Care Card	20 points

- Supply copy of 3 most recent payslips or a Full detailed Centrelink Income Statement
- Ensure that the privacy release page is completed
- If an advocate is applicable please ensure this form is also completed

APPLICANT 1		
FAMILY NAME	FIRST NAME	SECOND NAME
DATE OF BIRTH	DRIVERS LICENCSE #	PASSPORT #

CURRENT ADDRESS:

……

…… Post Code: ……..

Telephone: …… Email: ……

Details of Dependent Children (If applicable)

Child 1 Name: …… Date of Birth: ..…… Male/Female

Child 2 Name: …… Date of Birth: ..…… Male/Female

Child 3 Name: …… Date of Birth: ..…… Male/Female

Child 4 Name: …… Date of Birth: ..…… Male/Female

Pets

Do you own pets? Yes ☐ No ☐

If yes, please provide details:

Type …… Breed: …… Age: …… Microchip #: …… Registration# ……

Type …… Breed: …… Age: …… Microchip #: …… Registration# ……

Type …… Breed: …… Age: …… Microchip #: …… Registration# ……

CURRENT LANDLORD DETAILS:

Name of Landlord/Agency : ……

Address of Landlord/Agency: ……

Contact Number: …… Email: ……

Rent Paid: $..... per week ☐ fortnight ☐ monthly ☐

Reason for Vacating : ……

PREVIOUS LANDLORD DETAILS:

Name of Landlord/Agency : ……

Address of Landlord/Agency: ……

Contact Number: …… Email: ……

Rent Paid: $..... per week ☐ fortnight ☐ monthly ☐

Reason for Vacating : ……

EMPLOYMENT DETAILS:

Are you currently employed: Yes ☐ No ☐ Do you Receive Centrelink Benefits: Yes ☐ No ☐

Current Income $ …… Per Week ☐ Fortnight ☐ Month ☐

If receiving Centrelink Benefits name of Payment (ie: Jobseeker) ……

If employed, complete this section:

Occupation: …… Length of Employment: ……

Employer Name: ……

Employer Address: ……

Contact Name: …… Telephone: ……

Other Income:

Income received from other source $ …… per week ☐ fortnight ☐ month ☐

Income type (ie; maintenance): ……

Personal References (MUST NOT BE FAMILY MEMBERS)

1)

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: …… Years Known: ……

2)

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: …… Years Known: ……

Next of Kin:

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: ……

Emergency Contact:

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

APPLICANT 2		
FAMILY NAME	FIRST NAME	SECOND NAME
DATE OF BIRTH	DRIVERS LICENCSE #	PASSPORT #

CURRENT ADDRESS:

……

…… Post Code: ……

Telephone: …… Email: ……

CURRENT LANDLORD DETAILS:

Name of Landlord/Agency : ……

Address of Landlord/Agency: ……

Contact Number: …… Email: ……

Rent Paid: $…… per week ☐ fortnight ☐ monthly ☐

Reason for Vacating : ……

PREVIOUS LANDLORD DETAILS:

Name of Landlord/Agency : ……

Address of Landlord/Agency: ……

Contact Number: …… Email: ……

Rent Paid: $…… per week ☐ fortnight ☐ monthly ☐

Reason for Vacating : ……

EMPLOYMENT DETAILS:

Are you currently employed: Yes ☐ No ☐ Do you Receive Centrelink Benefits: Yes ☐ No ☐

Current Income $ ……. Per Week ☐ Fortnight ☐ Month ☐

If receiving Centrelink Benefits name of Payment (ie: Jobseeker) ……

If employed, complete this section:

Occupation: …… Length of Employment: ……

Employer Name: ……

Employer Address: ……

Contact Name: ……. Telephone: ……

Other Income:

Income received from other source $ …… per week ☐ fortnight ☐ month ☐

Income type (ie; maintenance): ……

Personal References (MUST NOT BE FAMILY MEMBERS)

1)

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: …… Years Known: ……

2)

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: …… Years Known: ……

Next of Kin:

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

Address: ……

Emergency Contact:

Name: …… Relationship to Applicant: ……

Telephone: …… Email: ……

ACCOMMODATION NEEDS

Which town do you wish to be housed? ……

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.

APPLICTION 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 ☐ No ☐ If yes provide address: ……

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

Yes ☐ No☐ Previous Name/s: ……

Are you or your partner currently on the Priority Housing List with Department of Communities

Yes ☐ No☐ If Yes, length of time on list ……

Are you a SAC Member

Yes ☐ No☐ If No .. Do you agree to become a member for $10 membership fee per year?……

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 for your needs can be considered.

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.

DECLARATION

I/We

Applicant 1: …… Applicant 2: ……

Declare the information contained In this application is true.
Signatures of Applicant/s:

…… Date: …… …… Date: ……

Application forms to be sent to :

By Post:

Property Manager – Housing
Southern Aboriginal Corporation
PO Box 5277
Albany WA 6332

By Email: sharon@sacorp.com.au

PRIVACY RELEASE

For the purpose of this Application, you agree that Southern Aboriginal Corporation may make enquiries of the persons given as references, next of kin or emergency contacts provided by you, and also make enquiries of such other persons or agencies that as the Lessor may see fit.

The personal information you give in this application or collected from other sources is necessary for the Lessor (Southern Aboriginal Corporation) to verify your identity, to process and evaluate the application, to manage the tenancy and to conduct business. Personal information collected about you in this Application and during the course of the tenancy if the Application is successful, may be disclosed for the purpose for which it was collected to other parties including the Lessor, referees, and prospective lessors.

If you enter into a Residential Tenancy Agreement or you fail to comply with your obligations under any Residential Tenancy Agreement, that fact and other relevant personal information collected about you during the course of this Application (including information provided separately to this application) or the Residential Tenancy Agreement if approved, to other prospective lessors.

Southern Aboriginal Corporation further advise that if you enter into a Residential Tenancy Agreement that we may also disclose your personal details during and after your tenancy to:

- Tradespeople to contact you for repairs & maintenance of the property
- Tribunals or Courts having jurisdiction seeking orders or remedies
- Debt collection agencies, credit providers and related person to permit them to contact you
- Southern Aboriginal Corporation's insurer in the event of an insurance claim

PRIVACY CONSENT

I/We acknowledge that I have read the above privacy disclosure statement of Southern Aboriginal Corporation and understand and agree to what it entails:

Name:_____ Signature: _____ Date: _____

Name:_____ Signature: _____ Date: _____

Name:_____ Signature: _____ Date: _____

DISABILITY/ MEDICAL INFORMATION FORM
Person with Disability and/or Medical Condition

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)

……
……
……

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: ……

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**

D.O.B. ……/……/…….

ADDRESS:……

…… Post Code: ……

SIGNATURE:…….. Date: ...../……../……..

SECTION 2

1. Describe the nature of the medical condition/disability:

……
……
……

2. How serious are these conditions/disability?

……
……
……

3. Is the patient's condition likely to change in the future? If so, what changes could be expected?

……
……
……

4. Does the patient receive regular treatment, therapy or support due to their medical condition or disability? How often is this service provided?

……
……
……

5. Form a medical and safety perspective, can the patient live alone or do they need a live-in carer (current and future)?

……
……
……

6. Is the patient's medical condition/disability directly affected by their current accommodation? If so, how?

……
……
……

7. In what ways does the patient's medical condition/disability affect the location, type or design of accommodation require?

……
……
……

8. 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?

……
……
……

9. 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.

Government of Western Australia
Department of Communities

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

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

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