

HOUSING ASSOCIATION APPLICATION FORM

Thank you for your inquiry about

Homes Out West

- Workers at **Homes Out West** can help you complete this form.
- Once you complete this form please give it to **Homes Out West**. You will then be contacted by the housing associations that cover the areas where you want to live. They will then contact you to arrange for an interview, either in their office or over the phone.
- The information you provide on this form will be used to decide if you are eligible for housing and what type of housing you need.
- Please answer all the questions on this form unless they are optional.
- 'You'- means the main applicant (the person who signs the tenancy agreement).
- 'Household member' - means other people who will live in the same home as you.

Office use only

Application Number _____

Date received _____

Date activated _____

Do you need an interpreter?

No Yes Written English Spoken English

What language?

MAIN APPLICANT CONTACT DETAILS

What is your name?

Given name

Family name

Date of birth

Day Month Year

Sex

Male Female

What are your phone numbers (if any)?

Phone number (Day)

Phone number (Night)

Phone number (Mobile)

What is your contact address?

Street

Suburb/Town

Postcode

Do you live at this address?

No

Yes - How long have you been living there?

Years

Months (If relevant)

WHERE DO YOU WANT TO LIVE?

Please look at the maps at the end of this form and think about the local government areas where you want to live.

You may choose more than one local government area.

The housing associations that cover the areas you choose will contact you to find out where you want to live within each area.

1. I want to live in the following local government areas:

2. I do not want to live in the following local government areas:

① Optional question

CHOOSING YOUR HOUSING ASSOCIATION (Optional Questions)

3. Are there any housing associations in particular that you would like to be housed by?

4. Are there any housing associations you do not want to be housed by?

YOUR CONTACT PERSON (Optional Question)

5. Please provide the details of a contact person, in case we cannot contact you at your address, or you do not want your mail sent there.

Given name

Family name

What are their phone numbers?

Phone number (Day)

Phone number (Night)

Phone number (Mobile)

What is their address?

Street

Suburb/Town

Postcode

WHO WILL BE HOUSED WITH YOU?

① The following questions are important because they help housing associations to plan better services for applicants and tenants.

You (Main Applicant)	Additional Household Member 1	Additional Household Member 2	Additional Household Member 3
Given Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Family Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Male or Female?	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Joint tenant? (Will this person also sign the tenancy agreement?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person's relationship to you? (eg. partner, son, daughter, friend)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
6. Country of Birth?	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
7. Is the person's first language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does this person have a parent who was <u>not</u> born in Australia AND has a first language that is <u>not</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this person a migrant, refugee or asylum seeker, who arrived in Australia less than 2 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this person of Aboriginal descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this person of Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

① If you or a household member are of both Aboriginal AND Torres Strait Islander descent, please tick 'Yes' for Questions 10 and 11.

① If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

<p>Additional household member to complete:</p> <p>12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Homes Out West</i></p> <p>in order to process this application.</p>		<p>Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p>Date</p> <input style="width: 100%; height: 25px;" type="text"/>	<p>Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p>Date</p> <input style="width: 100%; height: 25px;" type="text"/>	<p>Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p>Date</p> <input style="width: 100%; height: 25px;" type="text"/>
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① Each additional person on the application who is over **16 years old** must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.

WHO WILL BE HOUSED WITH YOU? (CONTINUED)

① The following questions are important because they help housing associations to plan better services for applicants and tenants.

	Additional Household Member 4	Additional Household Member 5	Additional Household Member 6	Additional Household Member 7
Given Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male or Female?	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Joint tenant? (Will this person also sign the tenancy agreement?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person's relationship to you? (eg. partner, son, daughter, friend)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Country of Birth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Is the person's first language English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does this person have a parent who was <u>not</u> born in Australia AND has a first language that is <u>not</u> English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this person a migrant, refugee or asylum seeker, who arrived in Australia less than 2 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is this person of Aboriginal descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is this person of Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

① If you or a household member are of both Aboriginal AND Torres Strait Islander descent, please tick 'Yes' for Questions 10 and 11.

① If you ticked 'Yes' you may be asked to confirm this by providing a written statement from an approved Aboriginal organisation. Please ask your housing association about their requirements.

<p>Additional household member to complete:</p> <p>12. I give permission for my personal information to be collected by the main applicant and for the proper use and disclosure of my personal information by</p> <p style="text-align: center;">Homes Out West</p> <p>in order to process this application.</p>	<p style="text-align: center;">Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>	<p style="text-align: center;">Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>	<p style="text-align: center;">Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>	<p style="text-align: center;">Signed</p> <input style="width: 100%; height: 40px;" type="text"/> <p style="text-align: center;">Date</p> <input style="width: 100%; height: 20px;" type="text"/>
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① Each additional person on the application who is over **16 years old** must give their written permission for their personal details to be collected by the main applicant and disclosed by the housing association.

YOUR ELIGIBILITY FOR COMMUNITY HOUSING

13. Have you applied for housing with the Department of Housing?

- No - Go to Question 20
 Yes - Please answer Questions 14 - 19

14. What was your application date?

15. What is your tenant ('T') number?

OR

Are you still waiting to be issued a 'T' number?

- Yes

① This information will be used to find out if your Department of Housing application is 'live'.

16. Did you complete a Priority Housing Application form?

- Yes No

17. When you applied for housing with the Department of Housing, did you answer 'Yes' to the question asking whether you would like to be considered for housing with a community housing provider?

- Yes No Unsure

18. What area did you apply for?

19. Which Department of Housing office did you apply through?

20. What is the regular, before-tax, (gross) income for your household?

① Where does your money come from? - This could include a pension from another country, interest from an investment, dividends from shares or income from a residential property or business.

① How much money do you make? - This means the total, before-tax, income each week or every 2 weeks (fortnight). If your income varies from week to week, for example if you have casual work, then divide your yearly income by 26 to get a 2 weekly income amount or by 52 to get a weekly amount.

YOU - MAIN APPLICANT

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:	\$ <input type="text"/>	<input type="checkbox"/> each week
<input type="checkbox"/> Wages/Salary	<input type="checkbox"/> 2 weekly	\$ <input type="text"/>
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		<input type="checkbox"/> each week
<input type="checkbox"/> Child support or maintenance		<input type="checkbox"/> 2 weekly
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

ADDITIONAL HOUSEHOLD MEMBER (Only those over 18 years)

Where does your money come from?	How much money do you make?	How much child support do you pay (if any)?
Please tick the box where most of your money comes from:		
<input type="checkbox"/> Wages/Salary	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

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<input type="checkbox"/> Wages/Salary	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

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Please tick the box where most of your money comes from:		
<input type="checkbox"/> Wages/Salary	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly	\$ <input type="text"/> <input type="checkbox"/> each week <input type="checkbox"/> 2 weekly
<input type="checkbox"/> Government pension or allowance Please write what type of payment it is: <input type="text"/>		
<input type="checkbox"/> Child support or maintenance		
<input type="checkbox"/> Superannuation or private retirement fund		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other source of money (write what it is) <input type="text"/>		

21. Do you, or any household members, own (or part own) a residential property or a business property?

- No - Go Question 25
- Yes - Go to next Question

22. What is its value?

\$

23. How much do you owe a financial institution, if mortgaged?

\$

24. Why can't you or other household members live there?

25. Do you, or any household member, have cash, shares, term deposits or other assets in the bank valued over \$5000 per adult (over 18 years)?

- No - Go to Question 27
- Yes - Go to next Question

26. How much?

\$

PREVIOUS SOCIAL HOUSING

27. Have you rejected an earlier offer of housing by a community housing provider or by the Department of Housing?

- No - Go to Question 29
- Yes - Go to next Question

28. Please write why you rejected the offer?

① The answer to this question will help your housing association know what type of property to offer you.

29. Have you lived in a Department of Housing property before?

- No - Go to Question 34
- Yes - Go to next Question

30. Which area did you live in?

31. Why did you leave?

32. Do you owe the Department of Housing any money for rent, damage or another debt?

① If you have a debt with the Department of Housing you will need to be paying it off to be eligible for community housing.

33. If you are repaying a debt, how much are you repaying each fortnight?

34. Have you lived in a community housing property before?

35. What organisation were you housed by?

36. Why did you leave?

37. Do you owe the community housing organisation any money for rent, damage or another debt?

① You may still be eligible for community housing if you have a debt with a community housing provider.

38. If you are repaying a debt, how much are you repaying each fortnight?

No - Go to Question 34

Yes - Please tick one of the following:

Rent arrears

Damage

Other debt

Rent arrears \$

Damage \$

Other debt \$

No - Go to Question 39

Yes - Go to next Question

No - Go to Question 39

Yes - Please tick one of the following:

Rent arrears

Damage

Other debt

Rent arrears \$

Damage \$

Other debt \$

YOUR CURRENT HOUSING AND SUPPORT NEEDS

39. What type of housing are you living in?

① Please tick the relevant types.

- Private rental
- Crisis accommodation (eg. a refuge)
- Boarding house or hostel
- Family or friends
- Squat
- Hospital or rehabilitation centre
- Homeless, sleeping rough
- Prison or Detention centre
- Caravan
- Own home (buying or building)
- Housing supplied by work
- Department of Housing/Public Housing/ Housing Commission
- Community Housing
- Other (please write what it is)

40. Please describe your current housing and how long you have been in this situation.

41. What is your current rent (if any)?

\$ each week OR \$ 2 weekly

42 Does this include food and electricity?

- No - Go to Question 44
- Yes - Go to next Question

43. How much of your rent goes towards food and electricity?

\$

44. If you have a current lease or residential tenancy agreement, when does it expire?

45. Why are you leaving your current housing?

- ① Please tick all the boxes that apply to you **and** your household members.
- ① You may be asked to provide documents to help explain why you need to move, such as a letter from a doctor.

- My rent/board too expensive
- I am homeless or soon to be homeless (eg. squatting, leaving hospital or prison)
- I am leaving crisis accommodation
- I am escaping violence or threats of violence (eg. physical assault, sexual or emotional abuse, verbal threats of violence, I fear for my safety)
- I am being harassed, for example because of my sex, race, age, sexuality, religion or disability
- My housing is making my health worse
- My housing is unsuitable due to problems with physical mobility
- My housing is in an unsuitable location, eg. poor access to services, family or friends. Please write why the location is unsuitable:

- My housing is unsuitable for another reason. Please write why:

- My lease/residential tenancy agreement is about to expire
- I have received an eviction notice - Date:
- My family or household is separating
- My housing is in very poor condition or is dangerous
- My housing is overcrowded

- How many people live in your home?

- How many bedrooms are there?

- Other reasons (please write what they are):

46. Do you or any members of your household have a disability?

- ① Please tick all the boxes that apply to you **and** your household members and write the person's name (or people's names).

- A physical disability, including a long-term illness that restricts everyday activities

Person's name:

- Sight, hearing or speech problems

Person's name:

- An intellectual disability (difficulty learning or understanding) where the person needs help or supervision

Person's name:

- A mental illness where the person needs help or supervision

Person's name:

- Other disability (Please write what it is)

Person's name:

47. Please give as much detail as you can about your reasons for wanting or needing to move.

48. Are you able to live independently, without support?

- Yes
 No

WHAT TYPE OF HOUSING DO YOU NEED?

49. Are you or anyone in your household unable to climb stairs?

- Can climb stairs
 Can climb stairs but with difficulty
 Cannot climb stairs

50. Do you or any members of your household need:

- Wheelchair access? Yes No
Ground floor access? Yes No
Modifications such as hand rails? Yes No

51. If you answered 'Yes' in Question 50 please describe what modifications are needed.

52. What type of housing would you think about accepting?

- Unit Townhouse
 House I do not mind

① Please tick as many as you like. Not all housing associations offer all types of housing.

53. How many bedrooms do you feel you need?

- 1 2 3 4 5

CONFLICT OF INTEREST

① You may already have a connection with someone associated with Homes Out West. This does not mean they cannot house you, however it is important to declare any connection before being allocated housing.

60. Do you or any members of your household have a close connection, relationship or friendship with a staff or Board member of

Homes Out West

No

Yes - Please write their name and relationship to you:

Person's name

Person's relationship to you

PERMISSION TO PASS YOUR APPLICATION ON TO HOUSING ASSOCIATIONS IN THE AREAS WHERE YOU WANT TO LIVE

I give permission and authorise the NSW Federation of Housing Associations, or a NSW housing association, to give my application to the housing associations that cover the areas where I want to live, as shown in Question 1 on the application form.

Applicant Name

Applicant Signature

Date

Applicant Name - Joint Applicant

Applicant Signature - Joint Applicant

Date

PERMISSION TO COLLECT, RECEIVE AND GIVE INFORMATION ABOUT YOU FROM/TO ANOTHER ORGANISATION OR PERSON

① You have given personal information on this application form. This information will only be used by Homes Out West to process your application for housing.

When assessing your application we may need to talk to your housing support worker, carer, health professional or the Department of Housing. Before we can speak to them we will need your permission. Only details which relate directly to your application for housing with Homes Out West can be discussed.

If you change your mind and you no longer give permission for your personal information to be used or disclosed, then you can withdraw your permission at any time by writing to Homes Out West. Your withdrawal will only take effect when Homes Out West writes back to you confirming it received your letter.

If you do not give permission your application cannot be processed.

You have the right to look at your personal information and to make corrections, in accordance with the NSW Privacy and Personal Information Protection Act, 1998.

Permission to collect information about you from another person or organisation

I give permission and authorise Homes Out West to collect personal information about me from a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Homes Out West.

I agree that Homes Out West does not need to tell me each time it collects personal information about me.

Permission to give information about you to another person or organisation

I give permission and authorise Homes Out West to give personal information about me to a relevant person or organisation (including any support worker or health care professional), as long as the information is relevant to my application for housing with Homes Out West.

I agree that Homes Out West does not need to tell me each time it gives personal information about me.

Permission for another person or organisation to give information about you

I give my permission and authorisation for relevant people or organisations to provide, confirm or clarify personal information about me, as long as the information is relevant to my application for housing with Homes Out West.

In particular I give my permission and authorise the following people or organisations to provide, confirm or clarify personal information about me.

- NSW Department of Housing (the Department of Housing needs to be contacted to find out if you are eligible for housing).

① This could be your support worker, carer or doctor, for example.

• Name of person or organisation?

Phone number:

• Name of person or organisation?

Phone number:

• Name of person or organisation?

Phone number:

Permission and Declaration

I have understood the instructions given on this application form.

I agree that the information provided on this form is correct, to the best of my knowledge.

I understand that there are penalties for giving false or misleading information.

I will inform Homes Out West of any changes in my circumstances.

Applicant Name

Applicant Name - Joint Applicant

Applicant Signature

Applicant Signature - Joint Applicant

Date

Date

① Applicant to keep photocopy of completed application form