

Housing Application Form

Office: Suite 1, Level 1, 21 Cremorne Street Cremorne 3121

Email: reception@womenshousing.com.au

Website: www.womenshousing.com.au

Telephone: (03) 9412 6868

Fax: (03)9415 6511

ABN 93 080 116 883



Women's Housing Ltd.

Register of Interest Form

Thank you for your enquiry about our rooming house program. The purpose of this form is to identify prospective tenants. It is not an agreement to provide rental accommodation.

Women's Housing Ltd does not maintain a waitlist and therefore this application will not be kept for more than a period of three weeks from the date it has been received.

Housing Application Form

General Instructions

- ↑ Thank you for your enquiry about community housing. The purpose of this form is to identify prospective tenants. It is not an agreement to provide rental accommodation.
- ↑ If you are offered housing your lease will be with Women's Housing Ltd. Women's Housing is a not for profit, registered housing association.
- ↑ All information provided to Women's Housing will remain confidential and is needed to assess the applicant's eligibility and suitability for a rental property.
- ↑ Please complete all sections of this form in as much detail as possible.
- ↑ If you need more room for an answer, please use the space at the end of this form. What you say on this form will be used to make our first assessment of your application.
- ↑ Please attach any supporting letters and documents. You may also be asked to provide further detail at a later stage.
- ↑ Completed application forms are to be sent to:

Women's Housing Ltd
Suite 1, 21 Cremorne
Street
Cremorne Vic 3121

Or

Email to:
info@womenshousing.com.au

Housing Application Form

**** Please Note: if application is not completed in full it will NOT be accepted**

(Office Use Only)			
Interview Date and Time:			
(Office Use Only)			
Outcome:			
Self Referred or Referring Agency:			
Date of Application:			
Property / Rooming House you are applying for: (Please circle)	Sunshine (Men only)	Berwick (Mixed Gender)	
	Mt Martha (Mixed Gender)	Brighton (Women Only)	
	Bentleigh	Bayswater	
Current Residential Address			
Suburb & Postcode:			
Mobile Phone:			
		Home Phone:	
Email Address:			

Please note: If this application is successful, the applicant will require two weeks rent in advance, either paid by an assisting agency or the applicant. Please provide details of the agency the applicant will receive funds from:

Funding Agency Name:		Contact Person:	
Address:		Phone Number:	
Email Address:		Fax Number:	

Housing Application Form

Details	Primary Applicant	Tenant 2
Family Name:		
Title:		
Previous Family name:		
First Name(s):		
Marital Status:		
Relationship to you?		
If child do you care for them?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time
Sex:		
Date of Birth:		
Are you pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No Due:	
Aboriginal / Torres Straight Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth:		
Residency Status:		
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language:		
Gross (before Tax) fortnightly income:		
Type of income:		
Centrelink Reference Number:		

Housing Application Form

Details	Tenant 3	Tenant 4
Family Name:		
Title:		
Previous Family name:		
First Name(s):		
Marital Status:		
Relationship to you?		
If child do you care for them?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time
Sex:		
Date of Birth:		
Aboriginal / Torres Straight Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth:		
Residency Status:		
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language:		
Gross (before Tax) fortnightly income:		
Type of income:		
Centrelink Reference Number:		

Housing Application Form

Details	Tenant 5	Tenant 6
Family Name:		
Title:		
Previous Family name:		
First Name(s):		
Marital Status:		
Relationship to you?		
If child do you care for them?		<input type="checkbox"/> Full Time <input type="checkbox"/> Part time
Sex:		
Date of Birth:		
Aboriginal / Torres Straight Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country of birth:		
Residency Status:		
Interpreter required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Language:		
Gross (before Tax) fortnightly income:		
Type of income:		
Centrelink Reference Number:		

Housing Application Form

Please Note: You must include every member that you intend to have live with you.
For any household members 15 years and older, 2 forms of identification must be provided.
For household members that are in receipt of an income documentation must be provided.



If you are pregnant you must obtain a letter from your doctor advising your due date.

If you were not born in Australia,



are you a permanent resident of Australia? Yes No



If you were not born in Australia, please provide ONE of these:

1. A certificate of Australia Citizenship
2. A Passport
3. Confirmation of an application for permanent residency

Housing Application Form

Statement of Assets		
Do you or anyone in your household have any of the following?		Estimated Value
Cash in Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fixed Term Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shares or Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Motor Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and Land	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Boat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Caravan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Superannuation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other - please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Please Note: If you have selected 'yes' for any of the above, please provide documentation that shows the value of these assets.

Housing Application Form

Disabilities / Health Concerns (please describe briefly):

Please describe links to the area you wish/have applied to live in?

Please also detail other links: i.e. Support Agencies / Workers, Doctors, Family, Friends, etc:

Have you been housed with WHL before?

Address:

Housing Application Form

Housing History for the last 3 years:	
Where did you live: (Address)	
Type of Accommodation: eg. Crisis, private rental, family home, public housing, hospital,	
How Long:	
Rent \$:	
Why did you leave? (rent too high, neighbourhood issues, evicted?)	

Additional Tenancies	
Where did you live: (Address)	
Type of Accommodation: eg. Crisis, private rental, family home, public housing, hospital,	
How Long:	
Rent \$:	
Why did you leave? (rent too high, neighbourhood issues, evicted?)	

Housing Application Form

Rental References:

Name/Real Estate	Phone Number	When? (year)	Address of property?

Do you have an approved application with Office of Housing?

Segment 1 Segment 2 Segment 3 Segment 4 Application Number:

Special needs / Requirements / Necessary medical

Do you have a Financial Administrator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Contact details:
Do you require modifications to housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you only reside on a ground floor?
Do you have difficulty managing stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Physical Disability?



Please note: If you have selected yes to any of the Special Needs / Requirements / Necessary Medical you must provide documentation from a Doctor or Medical Practitioner supporting these requirements.

Do you have any pets/animals?

Please describe _____

Do you own a car? (Please provide make, model and registration number)

Housing Application Form

RELEASE OF INFORMATION CONSENT FORM.

I _____ (your name)

Of _____ (where you live)

Do/do not give permission to _____ (name of the WHL worker)

Of Women's Housing Ltd to exchange information, verbal and written with:

(Name of worker and relevant agency)

(Name of worker and relevant agency)

Information specific to:

- Assessing my application for housing
- Assessing my housing need and allocation of suitable properties
- Vacating or abandoning the above property, or terminating the tenancy agreement;
- Any co-tenant or neighbour conflict, which may endanger their safety, or that of workers;
- Rent arrears or payments, maybe requiring communication with Centrelink
- Maintenance, repairs or damage to the property;
- Future housing options;
- Issues regarding termination or withdrawal of support;
- Subletting or change to household size;
- Issues requiring applications or notices served under the RTA or VCAT

The purpose of the exchange of this information is for the management of my tenancy with WHL. Consent is time limited and ends at the termination of my tenancy with WHL, unless otherwise stated. **I understand that any information given through this release authority is only to be used for the above purpose(s) and that I can withdraw my consent for the release of this information at any time by contacting Women's Housing Ltd and requesting to do so.**

Signature : _____ DATE: _____

Please note: If you choose not to give your consent to the release of information, it will not impact on the service you receive from this agency. However, there are certain situations where information can be given and received without your consent, when there is concern about the safety of yourself or others.

Housing Application Form

Additional Information:

A large, empty rectangular area with a light pink background, intended for the applicant to provide additional information. It occupies the central portion of the page below the 'Additional Information:' label.