

Application for housing

. DETAILS ABOL	JIY	(O)U
		$\overline{}$

Surname Title

Mr Mrs Miss Ms

First name/s

Date of birth Gender

Day Month Year Male Female Other Prefer not to say

Street address (if same leave blank)

City

State/Territory Postcode State/Territory Postcode

Email

Mobile number Home phone number

Country of birth First language

Are you from an Aboriginal or Torres Strait Islander background?

Yes No

If you are in NSW, what is your T-file number?

This is the number given to you when you apply for the

NSW Housing Register

Are you a permanent resident of Australia?

Yes No Are you escaping domestic violence?

Yes No

Do you require an interpreter?

Yes No Do you have a current Apprehended Domestic

Violence Order (AVO)?

Yes No



2. HOUSEHOLD DETAILS

Please list ALL people who will be living with you

Full name	Gender	Date of birth	Relationship to you
-----------	--------	---------------	---------------------

Baby due date

3. YOUR CURRENT HOUSING

What is your current type of housing?

Homeless Refuge SVDP Friends/Family Private rental Transitional housing

Other (Please specify)

What is your weekly rent/board? How many bedrooms? How long have you been there?

\$

Is your lease current? Lease expiry date

Yes No

Do you owe money on your current or any former tenancy?

Yes No

If yes, provide details, including how much and to who.

Any other details concerning your current accommodation e.g. Substandard or overcrowded



4. MEDICAL

Do you or any other household member have a medical condition (either physical or mental disability) which affects the style and / or location of accommodation?

Yes

No



If yes, please provide letters of confirmation and/or support of any health issues or disability & how this affects your housing circumstances.

Disability or medical conditions

Please tick all applicable

Visual impairment Wheelchair use

Hearing impairment Mobility impairment e.g. Arthritis, osteoarthritis

Mental health - list issue or disorder

Drug and or alcohol use or dependence - list dependence

Terminal illnes - provide details

Intellectual disability - provide details

Other special needs - provide details

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

Can climb stairs

Can climb stairs with difficulty

Cannot climb stairs



5. FINANCIAL INFORMATION

Please provide information below on your household's gross (before tax) income, including wages, Centrelink benefits & pensions, Austudy, investments, pension from another country etc. Please list all the members of your household, including yourself and say what sort of income they receive and how much each fortnight.



You must attach written proof of all income to this application

Full name Type	pe of income A	Amount per fortnight
----------------	----------------	----------------------

Do you have any assets which give you income?

Yes No

If you answered **yes**, provide details of these assets

Do you own or have a share in residential property/business?

Yes No

If you answered yes, provide details

Is anyone in your household under a Guardianship order?

Yes No

If you answered yes, please provide details, Name of family member and Guardianship Agency contact details

Do you have any other major outstanding debts?

Yes No

If you answered yes, please provide details



6. STATUS OF PUBLIC HOUSING

Have you ever been housed by Housing NSW?

Yes No

If you answered yes, why did you vacate?

Do you have any debts with Housing NSW?

Yes How much do you still owe?

No

If yes was this for:

Rent Repairs

Are you making payments off this debt?

Yes If **yes**, how much do you pay per week?

No

7. OTHER INFORMATION

Is anyone in your household receiving any support from another organisation or program?

I.e. Mental health, Family Support or Probation & Parole?

Yes No

If yes, please give details, name of household member and organisation or program

Do you currently own a pet/s?

Yes No

If you answered yes, please list types of animal/s

Size of property required

How many bedrooms?

1 2 3 4

Location requested

First choice

Second choice

Do you have private transport?

Yes No

Would you like a copy of your application?

Yes No



8. EMERGENCY CONTACT DETAILS

Please provide details of an Emergency Contact

Full name	Phone number	Relationship to you
-----------	--------------	---------------------

Please provide details of next of kin (if same as above leave blank)

name	Phone number	Relationship to you	
------	--------------	---------------------	--

Is there another person helping you fill out this form?

Yes No

DECLARATION FROM THE PERSON ASSISTING ON BEHALF OF THE APPLICANT

- I have filled out this form on the basis of the information the applicant gave me.
- I have read out the form and the answers to the applicant who seemed to understand them.
- I understand there are penalties for giving false or misleading information.

Surname of person assisting Title

Mr Mrs Miss Ms

First name/s of person assisting Would you like a copy of the

application?

Yes No

Signature of person assisting Date

Day Month Year

.....

9. CONFIDENTIALITY

Any information that you have provided this organisation is treated confidentially

You have given personal information on this application form. This information will only be used by Amélie Housing to process your application for housing.

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

If you change your mind and you no longer wish to give permission for your personal information to be used or disclosed, then you can withdraw your permission at any time by advising Amélie Housing your withdrawal will only take effect when Amélie Housing writes back to you confirming receipt of your request.



10. PRIVACY STATEMENT AND CONSENT

Under the Federal Privacy Act (the Act) Amélie Housing is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APPs). We are also required to comply with the NSW Health Records and Information Privacy Act and the ACT Health Records (Privacy and Access) Act. This information is set out in our Privacy Policy which is available upon request from our office.

Our Privacy Policy describes:

- Who we collect information about;
- The types of personal information collected and held by us;
- · How this information is collected and held;
- The purposes for which your personal information is collected, held, used and disclosed;
- How you can gain access to your personal information and seek its correction;
- How you may complain or inquire about our collection, handling, use or disclosure of your personal information and how that complaint or inquiry will be handled; and
- Whether we are likely to disclose your personal information to any overseas recipients.

We strongly recommend that you read our Privacy Policy and if you have any queries with respect to its content you should contact the Amélie Housing Privacy Officer.

Privacy Officer

Bernie Murphy (02) 9568 0253 PO Box 5, Petersham NSW 2049

CONSENT

I give my permission and authorisation for the relevant persons or organisations listed below to provide, confirm or clarify personal information about me, as long as the information is relevant to my application for housing with Amélie Housing.

Full name	Phone number	Organisation
Applicant name	Joint applicant name (if applicable)
Applicant signature	Joint applicant signatu	re(if applicable)
		,



11. CUSTOMER CONSENT: CENTRELINK

If you are a recipient of a Commonwealth payment Amélie Housing can access your income details electronically directly from Centrelink.

If you would like us to access this information please sign & date the Customer Consent Form below.

		NSFNT

This consent will be used for the sole purpose of authorising Centrelink to provide information to Amélie Housing to assess your eligibility in relation to concessions or services provided by Amélie Housing.

INCOME CONFIRMATION

I authorise:

Amélie Housing to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.

The Australian Government Department of Human Services (the department) to provide the results of that enquiry to Amélie Housing.

I understand that the department will disclose personal information to Amélie Housing including my name/address/concession card status/payment type/one off payment/income/assets/deductions/shared care arrangements/partner status/Youth Allowance Independent Rate (add and delete characteristics included in your characteristic profile) to confirm my eligibility for relevant concession/rebate service.

I understand this consent, once signed, remains valid while I am a tenant of Amélie Housing unless I withdraw it by contacting Amélie Housing or the department.

I understand that can get proof of my circumstances/details from the department and provide it to Amélie Housing so that my eligibility for relevant concession/rebate/service can be determined.

I understand if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession/rebate/service provided by Amélie Housing.

Signed	Date		
9.9.04	Day	Month	Year



11. JOINT APPLICANT - CUSTOMER CONSENT: CENTRELINK

If this is a joint application, please have your partner provide consent. This section can also be used for an additional household member who is 18 years & over but not a partner.

If you are a recipient of a Commonwealth payment Amélie Housing can access your income details electronically directly from Centrelink.

If you would like us to access this information please sign & date the Customer Consent Form below.

CUSTOMER CONSENT

This consent will be used for the sole purpose of authorising Centrelink to provide information to Amélie Housing to assess your eligibility in relation to concessions or services provided by Amélie Housing.

INCOME CONFIRMATION

I authorise:

Amélie Housing to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.

The Australian Government Department of Human Services (the department) to provide the results of that enquiry to Amélie Housing.

I understand that the department will disclose personal information to Amélie Housing including my name/address/concession card status/payment type/one off payment/income/assets/deductions/shared care arrangements/partner status/Youth Allowance Independent Rate (add and delete characteristics included in your characteristic profile) to confirm my eligibility for relevant concession/rebate service.

I understand this consent, once signed, remains valid while I am a tenant of Amélie Housing unless I withdraw it by contacting Amélie Housing or the department.

I understand that can get proof of my circumstances/details from the department and provide it to Amélie Housing so that my eligibility for relevant concession/rebate/service can be determined.

I understand if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the concession/rebate/service provided by Amélie Housing.

Signed	Date		
0.9.104	Day	Month	Year





Application for housing - Checklist

Use the checklist below to ensure that all supporting documentation is attached.

PROOF OF INCOME

An Income & Asset Statement from Centrelink for ALL household members, or if your work, a letter from your employer.

PROOF OF PERMANENT RESIDENCY IF NOT AUSTRALIAN BORN

Passport/Citizenship Certificate

PROOF OF IDENTITY, 100 points

70 POINTS	40 POINTS	25 POINTS
Birth certificate Citizen certificate Passport		Medicare card Foreign drivers license Current credit card

PROOF OF CURRENT ASSETS

Bank Statements

CURRENT RENT RECEIPT

Copy of Residential Tenancy Agreement or Detailed rent receipt

MEDICAL REPORT

A medical report from your doctor detailing your illness

APPREHENDED DOMESTIC VIOLENCE ORDER (AVO)

If applicable

What to do with the completed application?

Complete the form either electronically or by printing and scanning. Send with supporting document to Admin@amelie.org.au

Or

Post to your state or territory Vinnies office. Addresses can be found on our website https://ameliehousing.org.au/contact/