

How to complete this form

This application form has six sections. We will ask you why you are applying for housing, your requirements and safety concerns.

We recognise that the information asked for is personal and can be sensitive. If you need support in completing this form, please ask a trusted person for assistance.

If there will be other people living with you, you may also need to complete the following sections:

Second Applicant Section

This section must be completed by a person who wants to apply for housing assistance with you. They must also be [eligible](#) for housing assistance, be aged 16 and above, and will be listed as a tenant on the tenancy agreement when you sign it.

They must sign the Privacy Statement below and the Disclaimer and Agreement question on page 15.

Residents Section

This section must be completed for each person who will live with you who is not a second applicant. This includes family, friends, housemates or children aged 16 and above.

Children/Dependants Section

This section must be completed if you have children aged under 16, or people who you support financially and will live with you.

Privacy Statement

Housing ACT is obliged to handle your information in accordance with the Privacy Principles set out in the *Information Privacy Act 2014*.

We explain how your personal information is collected, used, shared, stored, accessed and corrected in our privacy policy: www.communityservices.act.gov.au/home/full_privacy_statement

The information you provide in this form will be used to assess if you can claim social housing assistance and for reporting purposes. The collection of this information is authorised by the *Housing Assistance Act 2007*.

If this form requires you to include information about other members of your household, you must seek their consent, or the consent of their guardian, to their information being disclosed as described above.

Housing ACT will not use or disclose your personal information without your consent, unless required by law, or if you would reasonably expect us to use or disclose the information for a related purpose.

If you believe that your personal information has not been handled appropriately, or that we have breached the Privacy Principles, you can contact us at CSD.Privacy@act.gov.au or (02) 6207 1515 to lodge a complaint.

I/we have read and understand the Privacy Statement:

Signed _____

Full
name(s)

Date



What are you applying for?

Public Housing

Managed by Housing ACT, located all over Canberra. If you are a current Housing ACT tenant, please select the "Transfer to another Housing ACT property" option below.

Community Housing

Please select which organisation:

Environmental Collective Housing Organisation (ECHO)

ECHO supports people who want to live by ecologically sustainable practices in Hackett.

Argyle – Kalorama Seniors Living

Argyle supports people aged 55 years and above. It is located next to the shopping centre in Conder.

Tamil Senior Citizens' Association

Tamil housing supports people from all age groups and cultural backgrounds .

Salvo's Housing

Salvo's Housing supports people aged 45 years and above.

Common Ground

Common Ground supports people who experience homelessness frequently. There are two Common Ground locations.

Gungahlin

Dickson

Transfer to another Housing ACT property.

Transfers are for Housing ACT tenants who want to transfer to another Housing ACT property.

Transfers are not available for Community Housing tenants.

Enter your pay reference number

What is your reason for transferring? Select one

Mutual Exchange Swap your property with another Housing ACT tenant

To move to a smaller sized property

Other transfer reason

Benambra Intentional Community

You must hold a working with vulnerable people's card and must register as a carer with Hartley Lifecare

For more information about Benambra Intentional Community please see

<https://www.hartley.org.au/event/benambra-intentional-community/home>

Main Applicant Information

If there is another person who will live with you and wants to apply for housing assistance, please ask them to complete the Second Applicant Section and submit it with this form.

They must be eligible for housing assistance and aged 16 and above. They will be listed as a tenant on the tenancy agreement when you sign it.

To include other people who will live with you, please complete the **Residents Section** or **Children, Dependents Section**.

You must answer all questions unless they are optional.

Personal Details

Full legal name

Other names you have been known by

Preferred name

Date of birth

Gender

Residential Address

Postal Address (if different)

Phone number

Email Address

Relationship to second applicant (if applicable)

Are you a citizen/resident of Australia without time limit?

Yes

No

Have you lived in the ACT for more than 6 months?

Yes

No

Do you identify as First Nations?

Yes

No

I don't wish to answer this question

What is your country of birth?
(this information is used for reporting purposes only).

What is your preferred language?

Do you need an interpreter?

Yes

No

Do you have a legal, financial guardian or power of attorney related to housing?

Yes No

Full name

Phone number

Email

Emergency contact details

Full name

Phone number

Email

What is their relationship to you?

Family or friend

Support person or agency

Other

Income and Assets

We need to know your income and assets. To be eligible for housing assistance, you must meet current income and asset limits. Find out your eligibility here: <https://www.communityservices.act.gov.au/housing/housing-options/check-your-eligibility>.

Please enter the details of all income you receive. One income source per line. Please include if you:

- **Receive** child support payments
- **Pay** child support. We exclude it from the income and asset limit.

Income	Gross Weekly Amount (before tax)
Centrelink benefits/ Family Tax Benefit	\$
Wages	\$
Casual earnings	\$
Self-employed	\$
Child support payments you receive	\$
Overseas pension / payments	\$
Compensation / insurance payments	\$
Investment from banks, shares, companies' income	\$
Rental income	\$
Other income	\$
Total	\$
Child support payments you pay	\$

Do you own or have partial ownership of a residential property in Australia? This includes properties that you are unable to live in for a range of reasons.

No

Yes

Please enter the details of all assets. This does not include the vehicle which you use to get around

Assets	Total Value
Bank Account/Savings/ Term deposit	\$
Shares/ Bonds/ Stocks/ Investments	\$
Secondary vehicle/boats/ caravans	\$
Other assets (including superannuation that can be accessed)	\$
Commercial property or land in Australia	\$
Land or property overseas	\$
Residential property in Australia	\$
Total	\$

Health and Wellbeing

We can support you if you have health and wellbeing requirements. Please tell us if you have medical needs, health issues or disabilities which significantly affect your ability to work or live independently.

This helps us understand how we can support your housing need.

Please include evidence to support your answers in this application. You can use the evidence checklist to check if you have suitable documents to support your application.

You can also provide the Medical Support Form to your medical professional. Return it to us after it has been completed.

Do you have any significant disability or health condition(s) that impact your ability to work or find suitable housing?

No **go to page 7**

Yes

Please select the type of condition(s)

Intellectual/
learning

Psychosocial/
mental health

Other addictive behaviours
(eg; gambling)

Sensory/speech

Trauma*

Physical health, disability or
neurodiverse

Alcohol and drug dependency

*Trauma includes past incidents of domestic violence, childhood abuse or torture which still affects your wellbeing.

Please select the option that best describes how the condition(s) impact your ability to work or find suitable housing:

(select one option only)

The condition(s) have a temporary or short-term effect.

A short -term effect may include an injury, surgery recovery period or condition(s) that improve with treatment.

The condition(s) have an ongoing moderate effect.

An ongoing moderate effect may include condition(s) which can be managed with ongoing treatment but affects your ability to work or live in shared accommodation.

The condition(s) will worsen and have an increasing effect.

An increasing effect means the condition(s) are degenerative or will continue to get worse over time, making it harder for you to work or find suitable housing.

The condition(s) have an ongoing major effect.

An ongoing major effect generally means you receive the Disability Support Pension (DSP) or Aged Pension and need constant support to manage day-to-day living.

Please select the option that best describes the level of support you need to manage day-to-day living?

You need someone to help you shower, cook, clean, shop or participate in activities.

(select one option only)

No support or occasionally when unwell

Regular support on a weekly or fortnightly basis

Daily support

Full-time 24 hour care

Do you need an overnight carer?

You have strong health or disability reasons for a Registered Carer to stay overnight.

No

Yes

How many overnight stays are needed each week?

Current Living Situation

We want to understand your living situation right now. This helps us to understand your housing need.

There are two types of living situation:

- 1. Homeless or in short-term, transitional or crisis accommodation**
and
- 2. Not homeless.**

Homeless or in short-term, transitional or crisis accommodation is what is considered Primary or Secondary homelessness and includes:

- sleeping rough with no shelter
- living in a car or tent
- couch surfing at multiple places for short periods of time
- living in a caravan with no fixed site, for example with no access to bathrooms or cooking facilities
- leaving a hospital or correctional facility and will be homeless when you leave
- living in short-term, crisis or transitional accommodation managed by a service or agency
- living in a hotel with no alternative accommodation

Not homeless means that none of the above applies to your current circumstances.

This includes:

- renting or owning a property
- a caravan on a fixed site
- out of home care (foster or residential care)
- living with family or friends - including if you are staying on the couch
- long-term accommodation managed by a service or agency
- if you are a current Housing ACT Tenant, even if you are unable to live in the property
- other types of accommodation such as shared or student accommodation.

If your living situation changes, please let us know.

You can do so by [contacting us](#) or visiting our shopfront in Belconnen even after you have submitted the form.

1. Are you currently homeless or living in crisis or short-term accommodation?

No *go to question 4* Yes

2. Where do you or your household usually sleep?

Sleeping rough/no shelter or in a tent

In a car

Couch surfing – no fixed address

Hotel that you pay for

Hotel paid for by a service or other source

Caravan with no fixed site

Short-term/crisis accommodation (including youth refuges)

Transitional housing (short-medium term managed by a service/agency)

When did you move in to transitional housing?

Expected exit date?

Correctional facility

When do you expect to be released?

Actual date (if known)

Within 3 months

4-6 months

7-12 months

12+ months or no release date

Hospital or Health Facility

Are you waiting for suitable housing before being allowed to leave?

Yes No

This must be on strong medical grounds. You will need to provide evidence of this with your application.

When do you expect to be released?

Actual date (if known)

Within 3 months

4- 6 months

7-12 months

12+ months or no release date

3. Are you engaged with any homelessness services?

Yes No

You can contact OneLink on 1800 176 468. OneLink provides information and connections for support services in the ACT, including services for families and young people, and services for people who are homeless or at risk of homelessness.

Please go to question 12



If you completed the 'Homeless' questions on the previous page, please proceed to Question 12.

DO NOT complete Questions 4 through to 11 as well.

4. Where do you or your household currently live?

- | | |
|--|--|
| <input type="checkbox"/> Renting privately | <input type="checkbox"/> Residential aged care |
| <input type="checkbox"/> Housing ACT property | <input type="checkbox"/> Caravan long term site |
| <input type="checkbox"/> Housing ACT but unable to reside at the property | <input type="checkbox"/> Boarding / House sitting |
| <input type="checkbox"/> Community housing | <input type="checkbox"/> Shared accommodation/housing |
| <input type="checkbox"/> Long-term accommodation managed by a service/agency | <input type="checkbox"/> Living outside the ACT |
| <input type="checkbox"/> Student accommodation | <input type="checkbox"/> Living with family or friends |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Other |
| <input type="checkbox"/> Out of home care (residential or foster care) | |

5. Has the property been assessed as **structurally** dangerous?

This must be assessed by a Building Inspector or similar professional as being a serious health and safety issue for you.

No Yes

6. Is the place without essential facilities, for example no water, electricity, bathroom, or kitchen?

No Yes

7. Has the place been assessed as unsuitable because of a **physical** disability, medical or health condition?

This must be assessed by an Occupational Therapist or medical specialist.

No Yes

8. Is the place affecting your mental health?

No Yes

9. Is the place overcrowded?

No Yes

How many bedrooms does the place have?
How many people live there?

10. Are you being evicted or have a Notice to Vacate?

No Yes Date of eviction

11. Do you need to leave the place because of a breakdown of relationship with people you are currently living with (eg: family, friends, housemates or partner)?

No Yes

12. Have you or your household tried to find other accommodation?

No Yes

13. What are the challenges with finding other accommodation?

Renting in the private market would cost more than 50% of the total household income (before tax)

Discrimination *e.g: age, race, disability, identity or sexual orientation*

Not eligible for community or supported accommodation

Medical or disability needs

Lack of suitable properties *e.g: size, availability, and area*

Unable to live in shared accommodation

Unable to get accommodation close to family or supports

Other

14. Have you been told by Child and Youth Protection Services (CYPS) that your children may be placed in alternative housing due to where you currently live?

No Yes Not applicable

15. Have you been told by CYPS that you need to have secure housing before they can restore you with your children?

No Yes Not applicable

Personal Safety

We need to know if you are facing any risks to your safety. This helps us to understand the risks you are facing and your need for housing.

If you are currently experiencing violence and you have concerns for your safety, please contact the Police on **131444** or the Domestic Violence Crisis Service (DVCS) on (02) 6280 0900.

If you are a Housing ACT tenant, please speak to your Housing Manager.

Domestic and Family Violence

Domestic and family violence is when someone intentionally uses violence, threats, force or intimidation to control or manipulate a partner, former partner or family member.

There are many different types of violence including physical, verbal, emotional, financial, sexual and psychological abuse. The violence is intentional and is intended to cause fear.

16. Do you need housing assistance because you are experiencing domestic and/or family violence?

No **go to question 19**

Yes

Date of last incident

Please select the option which best describes your current situation:

I am experiencing violence at the place I am living now.

I am homeless or in crisis accommodation as I had to leave my home due to violence.

A person who committed violence against me knows where I live and is threatening me (eg: coming out of prison or from interstate).

None of these apply to me.

17. Are you engaged with police, crisis services or a General Practitioner about your personal safety?

No

Yes

18. Do you have an interim or final protection order in place?

No

Yes

Expiry Date

Other violence intimidation or harassment (not related to domestic or family violence)

19. Do you need housing assistance because you are experiencing other forms of violence?

No **go to question 22**

Yes

Date of last incident

Please select the option which best describes your current situation:

I am experiencing or being threatened with **physical** violence at the place I am living now, or I have left home to escape the violence.

I am having issues with my neighbours or others around me that cannot be resolved.

20. Are you engaged with police, crisis services or a General Practitioner (GP) about your safety?

No

Yes

21. Do you have an interim or final protection order in place?

No

Yes

Expiry Date

Your Tenancy and Property Requirements

We want to understand your needs as a public housing tenant.

We can connect you with support services to help you look after the place, be a good neighbour or learn skills like budgeting.

22. Are you, or anyone who will live with you, expecting a baby?

No Yes Due date

23. Do you have kinship care requirements for anyone not included in this application?

No Yes

24. What is your preferred area to live?

(select all that apply)

Tuggeranong Woden or Weston Creek City
Belconnen or Gungahlin

25. Would you like to be connected with support services when you sign a Tenancy Agreement?

No Yes

Please select any of the following services you would like to be connected with:

Link up with supports or services in my neighbourhood

Assistance with living skills (cooking, cleaning etc)

Paying your rent, bills or budgeting

Getting along with your neighbours

Property maintenance

Practical assistance due to disability

Assistance with safety planning or protection

26. Do you or anyone who will live with you have difficulty with stairs?

No

Yes

Number of steps that
can be managed

27. Do you or anyone who will live with you require property modifications due to a medical, health condition or disability?

No

Yes

(select all that apply)

Wheelchair access inside

Wheelchair
access outside

Modified bathroom

Modified kitchen

Lever taps

Separate shower/bath

Hoists

Grab rails

Floor coverings

Minimal yard

Level access
or no stairs

Hobless shower

Other

Have the modification requirements been
assessed by an Occupational Therapist?

No

Yes

28. Do you or anyone who will live with you have animals or pets?

No

Yes

(select all that apply)

Dog

Cat

Fish, bird, reptile or other small animals

Other

How many in total?

Are any of these assistance animals?

No

Yes

29. How long do you think you may need housing support from Housing ACT?

This information helps us to understand how we can best support you as long as you need.

0 - 2 years

3 - 6 years

7 - 10 years

Ongoing

I don't know

Supports and Agencies

30. We can speak to other people and agencies to support you.

This could include:

- > Medical and personal supports
- > Support agencies and Advocates

If you would like us to speak to anyone, we need your permission. Please fill out their contact details and sign below.

Both Applicants can provide permission below.

I/We give permission to Housing ACT for the release and exchange of information with the persons or organisations listed for the duration of my/our involvement with Housing ACT.

I/We understand that I can revoke this consent any time in writing.

Signed

Full name(s)

Date

Organisation/Person/Agency	Contact Number / email	Person receiving support

We can also speak to other agencies to support the people who will live with you.

They will need to sign a Consent to Exchange/Release Information form which is available from our shopfront or on our website. It needs to be provided with your application.

Disclaimer and Agreement

You must read and check each of the boxes below before submitting your application.

- I/we have provided complete and correct information for every question in this form.
- I/we have provided true and correct documents to support this application.
- I/we understand that giving false or misleading information is a serious offence.
- I/we understand that if information that has been provided is found to be incorrect and/or documents that have been provided are found to be fraudulent, the application may be refused.
- I/we will immediately inform Housing ACT in writing of any change in my circumstances or if there is any change relating to information provided in or with this application, while this application remains active.

Signed _____

Full
name(s)

Date

32. How did you find completing this form? (optional)

Very easy

Easy

Neither easy nor hard

Hard

Very hard

